



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE  
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**DYNAMIC SCIENCE, INC.**  
**In-Depth Accident Investigation**

**Contract DTNH22-94-D-27058**  
**Case DSI-94-SB-009**



## TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.  
CONTRACT NUMBER: DTNH22-94-D-27058  
CASE NUMBER: Case DSI-94-SB-0009

This single vehicle crash occurred on a two-lane, undivided, rock surfaced, rural roadway during the morning hours of a spring weekday 1994) in

Vehicle 1, a 1989 Ford B-700 Wayne 64 passenger school bus, was being driven south, after departing a left turning curve, at a speed estimated to have been between 48 and 56 KPH (30 and 35 MPH) by the restrained 32 year old female driver. The location and position of Occupant 2, an 8 year old female, could not be determined. Occupant 3, a 17 year old male, was seated in Row 6, Seat 6. Occupant 4 (the case occupant), a 12 year old male, was seated in Row 11, Seat 1. Vehicle 1 was not equipped with passenger safety restraints.

For unknown reasons, the right front wheel of Vehicle 1 departed the west edge of the roadway approximately 33.5 m (110.0 ft) south of the left turning curve exit. The right front wheel, stepwell and right rear wheels then impacted a large, sheer rock outcrop and the driver lost control. Vehicle 1 veered left across the roadway and as the driver steered sharply right, the left rear portion of the vehicle tilted left and impacted a large tree at the east edge of the roadway in a side swipe configuration and came to final rest maintaining contact with the tree.

Vehicle 1, and all impacts in this crash, were beyond the scope of accepted automated reconstruction programs and the Delta V's were not computed. However, using the "van" CDC protocol, CDC's were assigned to the four impacts as follows: Impact 1 - 12FRWN3 using a PDOF of 360 degrees, Impact 2 - 12UFRN8 using a PDOF of 360 degrees, Impact 3 - 12FRWN9 using a PDOF of 360 degrees, and Impact 4 - 11LBHS2 using a PDOF of 340 degrees.

The indirect and induced damage length of Impact 4 was approximately 370.8 cm (146 in) and the maximum crash depth was approximately 13.7 cm (5.4 in). Maximum crush was located 280 cm (110.2 in) rearward of the left rear axle and approximately 175.0 cm (68.9 in) above ground level.

At Impact 4, the head and shoulders of Occupant 4 (the case occupant) were ejected through the rear most left side window of Vehicle 1 and were entrapped between the tree and the left rear side plane of Vehicle 1. Occupant 4 sustained fatal injuries consisting of fractures, brain tissue loss, lacerations, abrasions and contusions; maximum AIS = AIS-6. He was pronounced dead at the scene.

The driver of and Occupants 2 and 3 were not injured in this crash. Vehicle 1 sustained moderate damage and was towed from the scene due to crash damage.

*This research was supported by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation, under contract number DTNH22-94-D-27058. The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the NHTSA.*

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*The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.*

*Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.*

**DYNAMIC SCIENCE, INC.**  
**ACCIDENT INVESTIGATION**  
**CASE NUMBER: DSI-94-SB-009**

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**ACCIDENT DATA:**

**Location:**

**Area/Type:**

Rural

**Date/Time:**

Spring/Morning

**Accident Type:**

School bus/Fixed Object - Ran off road

**INJURY SEVERITY:**

**Vehicle 1:**

Driver, no injury

Occupant 2, no injury

Occupant 3, no injury

Occupant 4 (the case occupant), AIS-6 (fatal)

**AMBIENCE:**

**Viewing Conditions:**

No viewing restrictions

**Cloud Cover:**

Cloudy

**Precipitation:**

Raining

**Temperature:**

7 to 10° C (45 to 50° F)

**Road Surface:**

Wet

**ROADWAY:**

**VEHICLE 1**

<b>Type:</b>	2-lane, undivided
<b>Width:</b>	7.7 m (25.3 ft)
<b>Traffic Density:</b>	No other traffic
<b>Median:</b>	None
<b>Edge:</b>	west - .3 m (1.0 ft) deep ditch east - 1.2 m (4.0 ft) gravel pull-out
<b>Surface:</b>	Gravel/Dirt
<b>Reported Defects:</b>	None
<b>Co-efficient of Friction:</b>	.50 (wet)
<b>Vertical Alignment:</b>	1.5 % upgrade with a 7 % right slope for S/B traffic
<b>Horizontal Alignment:</b>	Right Turning Curve, R = 686.0 m (2250.6 ft) Left Turning Curve R = 46.2 m (151.5 ft)

Dynamic Science, Inc.  
In-Depth Investigation  
Case Number: DSI-94-SB-009

**Traffic Controls:**

**VEHICLE 1**

<b>Signals:</b>	None
<b>Signs:</b>	None
<b>Speed Limit:</b>	56 KPH (35 MPH)
<b>Markings:</b>	None

**VEHICLES:**

**VEHICLE 1**

<b>Description:</b>	1989 Ford B-700 Chassis
<b>Odometer:</b>	103,382.2 km (64,240.5 mi)
<b>Engine:</b>	V8/ 7.0 L Gas
<b>Vehicle Modifications:</b>	64 passenger Wayne school bus body mounted on chassis
<b>Tire Condition:</b>	2 Front (new) - Excellent 4 Rear (re-cap) - Good No abnormal tread wear
<b>Manual Restraints:</b>	2-point, manual lap restraint, driver only.
<b>Automatic Restraints:</b>	None
<b>Reported Defects:</b>	None
<b>Cargo:</b>	None
<b>Windshield Damage:</b>	None
<b>Fleet:</b>	County school district
<b>Tow Status:</b>	Towed due to collision damage

## VEHICLE DAMAGE:

### VEHICLE 1

Object Struck:	Rock out-crop	Rock out-crop	Rock out-crop	41.7 cm (16.4 in) diameter tree
Event Number:	01	02	03	04
CDC:*	12FRWN3	12UFRN8	12FRWN9	11LBHS2
Maximum Crush:	Not measured	Not measured	Not measured	13.7 cm (5.4 in) approximately 128 cm (110.2 in) rearward of L/R axle and 175 cm (68.9 in) above ground level

## VEHICLE VELOCITY ESTIMATES:

### VEHICLE 1

Impact Speed (estimated):	40 to 48 KPH (25 to 30 MPH)	40 to 48 KPH (25 to 30 MPH)	32 to 40 KPH (20 to 25 MPH)	24 to 32 KPH (15 to 20 MPH)
------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------

Total Delta V:

Longitudinal Delta V: Delta V not computed

Lateral Delta V: Vehicle and impacts are out of scope

Energy Dissipation:

Calculations based upon:

$$\text{Radius: } R = \frac{C^2}{8 \cdot M} + \frac{M}{2}$$

Right Turning Curve  
C = 45.7 m (150 ft)  
M = .38 m (1.25 ft)  
Left Turning Curve  
C = 18.3 m (60 ft)  
M = .9 m (3 ft)

$$\text{Critical Speed (Left Turning Curve)} \quad S = 3.86 \sqrt{R \cdot (f \pm e)}$$

R = 46.2 m (151.5 ft)  
f = .50  
e = 0

\* CDCs are based upon the "van" CDC protocols.



Approximately 33.5 m (110.0 ft) after departing the left turning curve, Vehicle 1 began to drift to the right for unknown reasons, and the right front wheel departed the west edge of the roadway.

**Crash:** The right front wheel impacted the lower portion of the rock outcropping resulting in deformation of the wheel and a brief loss of control by the driver. The CDC for this impact was 12FRWN3\* using a PDOF of 360 degrees.

**Post-Crash:** After the wheel impact, the lower front portion of the stepwell impacted the rock outcrop - CDC 12UFRN8\* and a PDOF of 360 degrees. At this point, the driver appears to have steered left and as Vehicle 1 began to move diagonally across the roadway, the right rear dual wheels impacted the rock outcrop - CDC 12FRWN9\* and a PDOF of 360 degrees. Vehicle 1 continued traveling southeast across the roadway, and as the left front wheel neared the east edge of the road, the driver began to steer right and brake. At this point, the left front wheel was on the loose gravel and dirt of the north bound traffic pullout.

As the left front wheel moved from the loose gravel/dirt pullout, the left rear duals remained and began to sink into the soft surface. The top, back portion of the vehicle began to tilt to the left as the vehicle approached a 41.7 m (16.5 in) diameter tree. As the top tilted farther to the left, it made contact with the tree in a side swipe configuration above the left side windows at the left rear axle. As the vehicle continued south it maintained contact with the tree and began to regain its normal, upright configuration. At this point the tree contact extended from the top to just below the left side windows. The CDC for this impact was 11LBHS2\* using a PDOF of 340 degrees. The direct damage width was approximately 370.8 cm (146 in). The maximum crush of 13.7 cm (5.4 in) was located 280 cm (110.2 in) rearward of the left rear axle and approximately 175 cm (68.9 in) above ground level on the left side plane.

During the impact with the tree, Occupant 4 was partially ejected through the rearmost left side window and as Vehicle 1 came to final rest facing south, while maintaining contact with the tree, the head and shoulders of the case occupant were entrapped between the tree and the left side plane of the vehicle.

- CDCs are based upon the "van" CDC protocols.
- Vehicle 1 and all impacts in this crash sequence were beyond the scope of accepted automated reconstruction programs and Delta V's were not computed.

#### **Occupant Kinematics:**

Occupant 4 (the case occupant), a 12 year old male, was seated in an apparently normal, upright seated position on a box mounted, bench seat at Seat 1, Row 11. The case occupant was 160 cm (63 in) in height and weighed 54 kg (120 lb) at the time of the crash. His hand and foot positions could not be determined. Passenger safety restraints were not provided by the school bus manufacturer, hence, the case occupant was not restrained.

This occupant's seat position was in the extreme left rear seating position, well back of Vehicle 1's rear axle. While unconfirmed by occupant contact points, it is more than likely that Occupant 4 was "bounced" out of his normal, upright seated position during event 3 of this crash sequence and the movement of the rear of the bus as the driver first steered left, then to the right.

As the driver steered right and the bus tilted left as the left rear duals sank in the loose gravel/dirt "pullout" at the east edge of the roadway, it would appear that Occupant 4 was projected to the left from his probable unstable position and the left side of his head struck the left rear window glass/frame breaking the window glass and resulting in a deep laceration of the left side of his face.

As the window glass broke, Occupant 4's head and shoulders were ejected through the opening and, as the bus continued south, his head and shoulders impacted the 41.7 cm (16.5 in) diameter tree as the bus side swiped it. The case occupant's head and shoulders were carried rearward by this impact and, at the final rest of the bus, were entrapped between the tree and the left side panel of the bus immediately to the rear of the last left side window.

The ejection, tree impact, and subsequent entrapment resulted in lacerations of the brain stem and cerebellum; contusions of the brain stem and cerebellum; a calvarial skull fracture with loss of brain tissue; a basal skull fracture with brain tissue loss; bilateral pleural contusions; bilateral comminution of the anterior cranial fossae with complete supratentorial cerebrum evisceration; prevertebral thoracolumbar spine hemorrhage; and numerous abrasions of the scalp, face, neck and bilateral back.

#### **Supplemental Restraint System:**

Vehicle not equipped.

#### **Scene Clearance:**

The driver of Vehicle 1 (the mother of the case occupant) and Occupant 2 (the sister of the case occupant) were not injured in this crash, but both were transported to a local hospital where they were treated for post-crash shock and emotional disturbance. Occupant 3 was not injured in the crash and did not require medical treatment. Occupant 4 (the case occupant) sustained major head injuries; maximum AIS = AIS-6. The case occupant was declared deceased at the scene. He was transported to a local funeral home for autopsy.

Vehicle 1 sustained moderate damage during the crash sequence and was towed from the scene due to damage.

#### **Safety Standards:**

There were no violations of Federal Motor Vehicle Safety Standards noted during the on-site inspection of Vehicle 1.

**DRIVER AND OTHER OCCUPANTS:**

**VEHICLE 1**

	<b>DRIVER</b>	<b>Occupant 2</b>
<b>Age/Sex:</b>	32 year old/Female	8 year old/female
<b>Seated Position:</b>	Left Front	Unknown
<b>Seat Type:</b>	Box mounted bucket	Box mounted bench
<b>Height:</b>	Unknown	Unknown
<b>Weight:</b>	Unknown	Unknown
<b>Occupation:</b>	School bus driver	Student
<b>Pre-existing Medical Condition:</b>	None reported	None reported
<b>Alcohol Involvement:</b>	None	None
<b>Drug Involvement:</b>	None	None
<b>Driving Experience:</b>	10+ years	N/A
<b>Body Posture:</b>	Normal, upright seated position	Unknown
<b>Hand Position:</b>	Unknown	Unknown
<b>Foot Position:</b>	Unknown	Unknown
<b>Restraint Usage:</b>	2-point, manual lap restraint	None available
<b>Additional Occupants:</b>	3	2

**DRIVER AND OTHER OCCUPANTS:**

**VEHICLE 1**

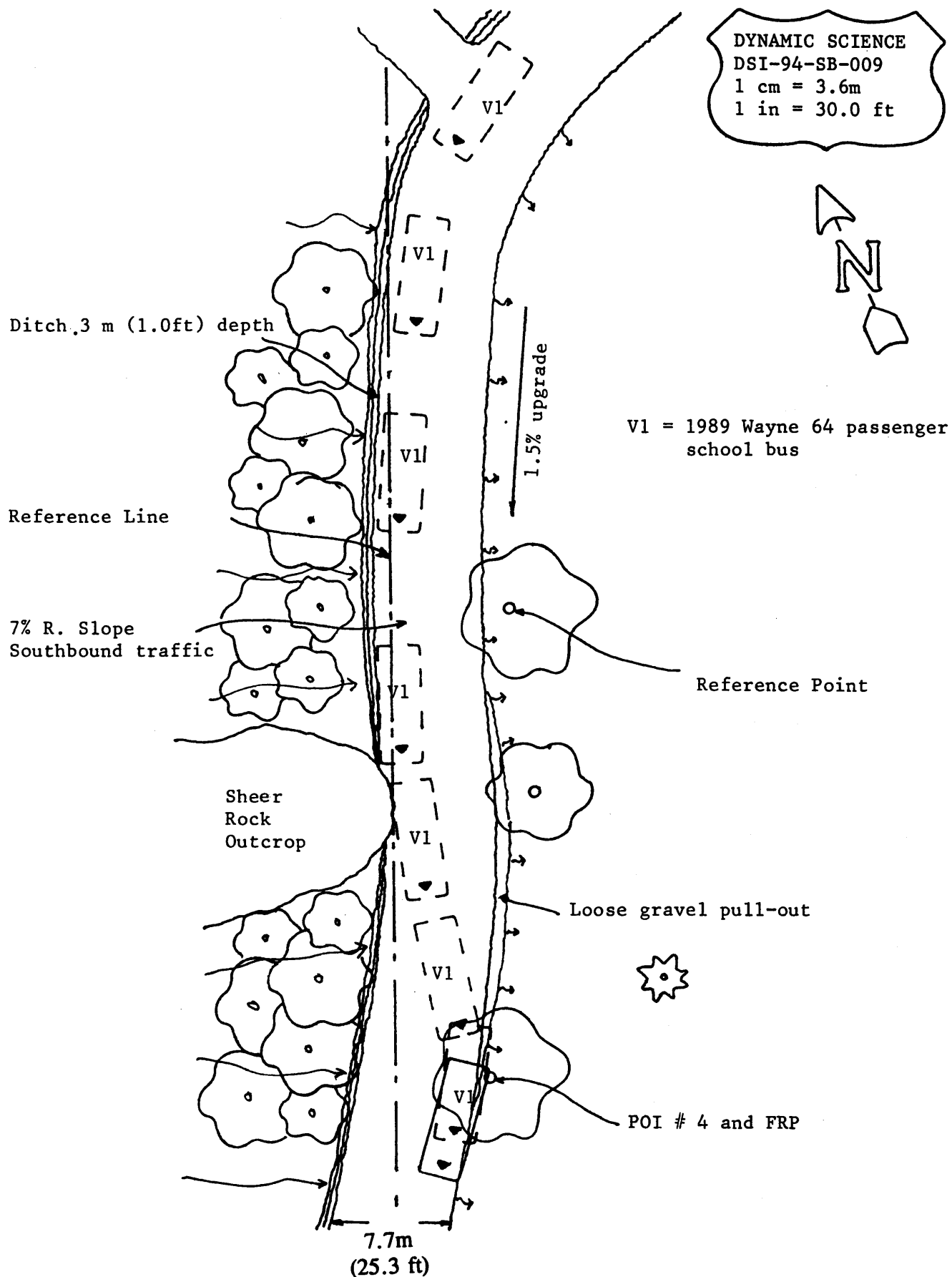
	<b>Occupant 3</b>	<b>Occupant 4 (case occupant)</b>
<b>Age/Sex:</b>	17 year old/Male	12 year old/Male
<b>Seated Position:</b>	Right side Row 6, Seat 6 (approximate)	Left side - Row 11, Seat 1
<b>Seat Type:</b>	Box mounted bench	Box mounted bench
<b>Height:</b>	Not reported	160 cm (63 in)
<b>Weight:</b>	Not reported	54 kg (120 lb)
<b>Occupation:</b>	Student	Student
<b>Pre-existing Medical Condition:</b>	None known	None known
<b>Alcohol Involvement:</b>	None	None
<b>Drug Involvement:</b>	None	None
<b>Driving Experience:</b>	N/A	N/A
<b>Body Posture:</b>	Upright seated position	Unknown
<b>Hand Position:</b>	Unknown	Unknown
<b>Foot Position:</b>	Both knees resting on seat back rest in Row 5	Unknown
<b>Restraint Usage:</b>	None available	None available
<b>Additional Occupants:</b>	1	None

**INJURIES:****Vehicle 1**

	<b><u>INJURY</u></b>	<b><u>AIS/OIC CODE</u></b>	<b><u>ICD-9</u></b>	<b><u>SOURCE</u></b>
<b>DRIVER:</b>	Not injured			
<b>Occupant 2:</b> (Seat position unknown)	Not injured			
<b>Occupant 3:</b> (Seat position unknown)	Not injured			
<b>Occupant 4:</b> Case Occupant (Row 11, Seat 1)	Laceration, Brain stem	1140212.6,8671200	801.60	Tree and L. side plane of Vehicle 1
	Contusion, Brain stem	1140204.5,8671200	801.60	Tree and L. side plane of Vehicle 1
	Laceration, Cerebellum	1140474.4,6671200	800.60	Tree and L. side plane of Vehicle 1
	Fractures (multiple), calvarial with loss of brain tissue	1150406.4,6671100	800.60	Tree and L. side plane of Vehicle 1
	Fractures (multiple), basal with loss of brain tissue	1150206.4,8671100	801.60	Tree and L. side plane of Vehicle 1
	Contusion, cerebellum	1140404.4,6671200	800.60	Tree and L. side plane of Vehicle 1
	Contusions, pleural (bilateral)	1441804.2,3671200	862.29	Tree and L. side plane of Vehicle 1
	Laceration, L. Face (deep)	1290604.2,2251100	873.40	L. side window glass/frame
	Abrasions, Scalp (numerous)	1190202.1,0671100	910.0	Tree and L. side plane of Vehicle 1
	Abrasions, Face (numerous)	1290202.1,0671100	910.0	Tree and L. side plane of Vehicle 1
	Abrasions, Neck (numerous)	1390202.1,0671100	910.0	Tree and L. side plane of Vehicle 1
	Abrasions, Back bilateral (numerous)	1690202.1,0671100	911.0	Tree and L. side plane of Vehicle 1
	* Bilateral comminution anterior cranial fossae with complete supratentorial cerebrum evisceration	No AIS/OIC Code	No ICD-9 Code	
	* Hemorrhage, prevertebral thoracolumbar spine	No AIS/OIC Code	No ICD-9 Code	

## **Abbreviations Used In Scene And Photographic Documentation**

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CM	Centimeter
COE	Cab Over Engine
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound





## COLLISION MEASUREMENTS

**Case Number DSI-94-SB-009**

Reference Point: Tree, east side of roadway

Reference Line: Line from tip of rock outcropping to west edge of road 38.1 m (125 ft) north extended south.

DATA POINT	DISTANCE AND DIRECTION FROM REFERENCE POINT	DISTANCE AND DIRECTION FROM REFERENCE LINE
Reference Point - tree	0	8.1 m (26.6 ft) E
Roadway, east edge	0	6.5 m (21.2 ft) E
Roadway, west edge	0	1.3 m (4.3 ft) W
West drainage ditch, center point	0	1.6 m (5.3 ft) W
R/F wheel departs roadway	9.8 m (32.2 ft) S	1.2 m (3.8 ft) W
R/F wheel enters ditch	11.6 m (38.1 ft) S	.9 m (3.1 ft) W
POI 1, R/F wheel impacts rock outcrop	12.3 m (40.4 ft) S	0
POI 2 - Undercarriage (stepwell) impacts rock outcrop	12.3 m (40.4 ft) S	0
POI 3 - R/R dual wheels impact rock outcrop	13.6 m (44.6 ft) S	0
POI 4 and FRP, L. Side impacts tree	31.4 m (102.9 ft) S	5.0 m (16.5 ft) E

## PHOTO INDEX

Case No. DSI-94-SB-009

PHOTO NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1	V1	NE	Approach path, Vehicle 1
2-7	V1	SW	Travel path, Vehicle 1
8-9	V1	SW	POI R/F and R/R with Outcrop
10-13	V1	SW	Travel path, Vehicle 1
14-15	V1	SW	POI # 4
16	V1	NE	Reverse Travel path, Vehicle 1
17-32	V1	CCW	Exterior views, Vehicle 1 Photos 20-24, tree impact Photo 28, R/R dual Photos 29-30, stepwell damage Photo 31, R/F wheel
33-47	V1	---	Interior views, Vehicle 1 Photos 36-45, Seat 1, Row 11





















SB09-11



SB09-12





SB09-13



SB09-14









SB09-17



SB09-18





SB09-19



SB09-20





SB09-21



SB09-22





SB09-23



SB09-24





SB09-25



SB09-26







SB09-28

























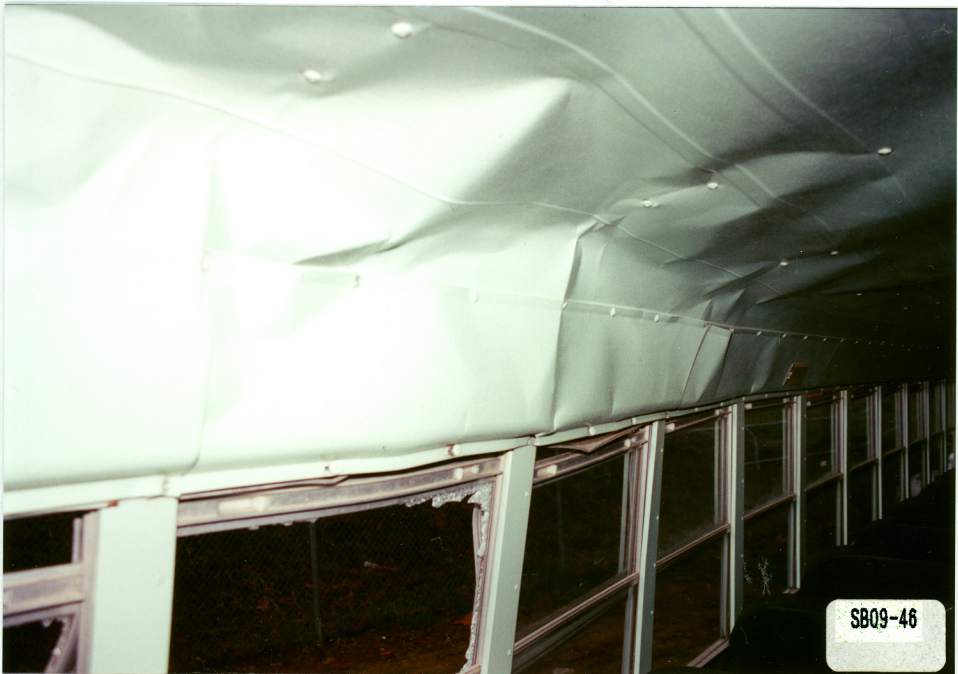
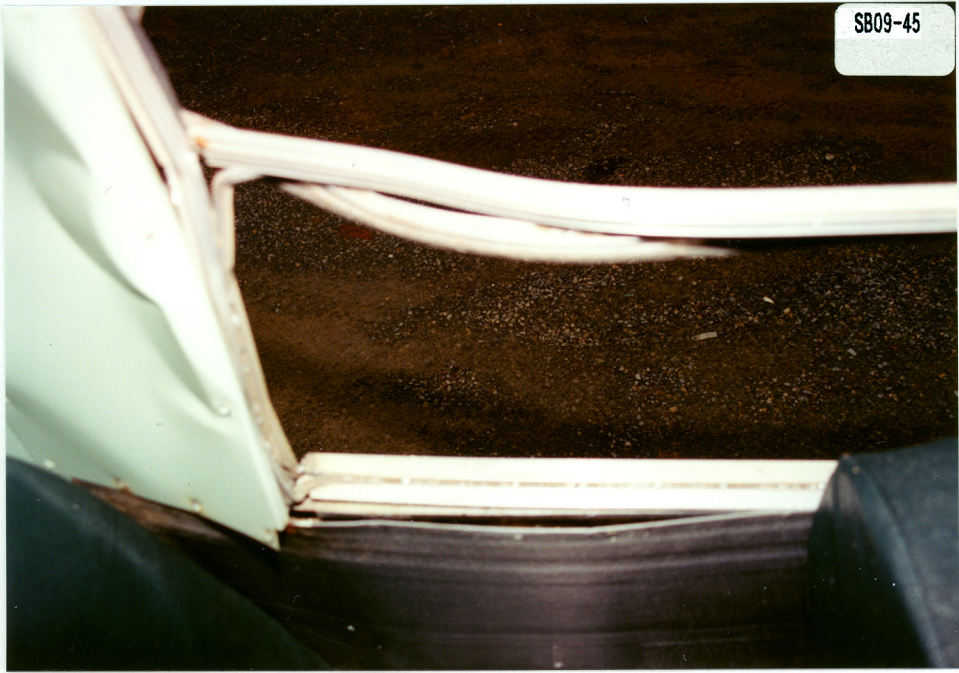
















## SLIDE INDEX

Case No. DSI-94-SB-009

SLIDE NO.	VEHICLE NO.	ORIENTATION	SUBJECT MATTER
1	V1	NE	Approach path, Vehicle 1
2-5	V1	SW	Travel path, Vehicle 1
6-7	V1	SW	R/F impacts outcrop
8-9	V1	SW	R/R impacts outcrop
10-12	V1	SW	Travel path, Vehicle 1
13-16	V1	SW	POI, Vehicle 1 and tree
17	V1	NE	Reverse travel path, Vehicle 1
18-30	V1	CCW	Exterior views, Vehicle 1 Slides 21 & 22, detail of L/R impact Slide 25, R/R wheel damage Slides 26-29, stepwell and R/F wheel damage
31-40	V1	---	Interior views, Vehicle 1 Slide 30, looking forward from Seat 1, Row 11



DS9409 #1



DS9409 #2



DS9409 #3



DS9409 #4



DS9409 #5





DS9409 #6



DS9409 #7



DS9409 #8



DS9409 #9





DS9409 #10



DS9409 #11



DS9409 #12



DS9409 #13



DS9409 #14





DS9409 #15



DS9409 #16



DS9409 #17



DS9408 #18



DS9408 #19





DS9408 #20



DS9409 #21



DS9409 #22



DS9409 #23





DS9409 #24



DS9408 #25



DS9409 #26



DS9409 #27





DS9409 #28



DS9409 #28



DS9409 #30



DS9409 #31





DS9409 #32  
Best Available



DS9409 #33



DS9408 #34



DS9409 #35





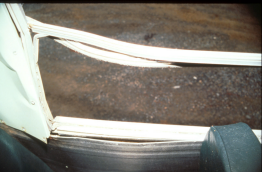
DS9409 #36



DS9409 #37



DS9409 #38



DS9409 #39





DS9409 #40

# SCHOOL BUS SEATING CHART

	Driver				Front Door		
Seat Row	1	2	3		4	5	6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11	OCCUPANT 4 (CASE OCCUPANT)						OCCUPANT 3 (APPROX.)

**A  
I  
S  
L  
E**

**Rear  
Exit**



## ACCIDENT FORM

1. Primary Sampling Unit Number \_\_\_\_\_

2. Case Number - Stratum DAI-94-SB-449

## IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted 0 14. Date of Accident  
(Month,Day,Year) SPRING / WEEK DAY / 9 45. Time of Accident MORNING

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

## SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that  
has been completed; code 1 for the checked special  
studies and 0 for the special studies not checked.6. 0 SS15 Administrative Use 17. 0 SS16 Pedestrian Crash Data Study 18. 0 SS17 Impact Fires 19. 0 SS18 \_\_\_\_\_ 110. 0 SS19 \_\_\_\_\_ 1

## NUMBER OF EVENTS

11. Number of Recorded Events  
in This Accident 0 4Code the number of events which occurred  
in this accident.

## ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other  
involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>0 1</u>	14. <u>2 0</u>	15. <u>F</u>	16. <u>4 4</u>	17. <u>0 0</u>	18. <u>0</u>
19. <u>0 2</u>	20. <u>0 1</u>	21. <u>2 0</u>	22. <u>L</u>	23. <u>4 4</u>	24. <u>0 0</u>	25. <u>0</u>
26. <u>0 3</u>	27. <u>0 1</u>	28. <u>2 0</u>	29. <u>F</u>	30. <u>4 4</u>	31. <u>0 0</u>	32. <u>0</u>
33. <u>0 4</u>	34. <u>0 1</u>	35. <u>2 0</u>	36. <u>L</u>	37. <u>4 2</u>	38. <u>0 0</u>	39. <u>0</u>
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

## CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

### CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

### TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo  
area (rear of trailer or  
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

### (01-30) — Vehicle Number

#### Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): \_\_\_\_\_

(35) Noncollision injury

(38) Other noncollision (specify): \_\_\_\_\_

(39) Noncollision — details unknown

#### Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

(45) Breakaway pole or post (any diameter)

#### Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in  
diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) Bridge

(68) Other fixed object (specify): \_\_\_\_\_

(69) Unknown fixed object

#### Collision with Nonfixed Object

(71) Motor vehicle not in-transport

(72) Pedestrian

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify): \_\_\_\_\_

(89) Unknown nonfixed object

(98) Other event (specify): \_\_\_\_\_

(99) Unknown event or object



National Highway Traffic Safety  
Administration

## GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum DSI-94-SB-0093. Vehicle Number 01

## VEHICLE IDENTIFICATION

4. Vehicle Model Year 89Code the last two digits of the model year  
(99) Unknown5. Vehicle Make (specify): 12FORD  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown6. Vehicle Model (specify): 981SCHOOL BUS - CONVENTIONAL  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(999) Unknown7. Body Type 50Note: Applicable codes may be found on  
the back of this page.

8. Vehicle Identification Number

1 F D N B 7 0 K 3 K V A  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17Left justify; Slash zeros and letter Z (0 and Z)  
No VIN—Code all zeros  
Unknown—Code all nines

## OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 0(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown10. Police Reported Travel Speed 048Code to the nearest kph (NOTE: 000 means  
less than 0.5 kph)  
(160) 159.5 kph and above  
(999) Unknown30 mph X 1.6093 = 048 kph11. Police Reported Alcohol Presence 0(0) No alcohol present  
(1) Yes (alcohol present)  
(7) Not reported  
(8) No driver present  
(9) UnknownNote: See variables 37 through 55  
(Page 4) for information on Other Drugs12. Alcohol Test Result For Driver 96Code actual value (decimal implied  
before first digit—0.xx)(95) Test refused  
(96) None given  
(97) AC test performed, results unknown  
(98) No driver present  
(99) UnknownSource: PAR

## ACCIDENT RELATED

13. Speed Limit 056(000) No statutory limit  
Code posted or statutory speed limit  
in kph  
(999) Unknown35 mph X 1.6093 = 056 kph14. Attempted Avoidance Maneuver 06(01) No avoidance actions  
(02) Braking (no lockup)  
(03) Braking (lockup)  
(04) Braking (lockup unknown)  
(05) Releasing brakes  
(06) Steering left  
(07) Steering right  
(08) Braking and steering left  
(09) Braking and steering right  
(10) Accelerating  
(11) Accelerating and steering left  
(12) Accelerating and steering right  
(97) No driver present  
(98) Other action (specify):

(99) Unknown

15. Accident Type 01Applicable codes may be found on the  
back of page two of this field form(00) No impact  
Code the number of the diagram that  
best describes the accident circumstance  
(98) Other accident type (specify):

(99) Unknown

\*\*\*\* SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 \*\*\*\*

# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

### Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): \_\_\_\_\_
- (09) Unknown automobile type

### Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

### Utility Vehicles ( $\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Landcruiser, Rover, Scout)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

### Van Based Light Trucks ( $\leq 4,500$ kgs GVWR)

- (20) Minivan (Chrysler Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Dodge/Plymouth Vista, Aerostar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ( $\leq 4,500$  kgs GVWR)
- (23) Van based motorhome ( $\leq 4,500$  kgs GVWR)
- (24) Van based school bus ( $\leq 4,500$  kgs GVWR)
- (25) Van based other bus ( $\leq 4,500$  kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): \_\_\_\_\_
- (29) Unknown van type

### Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500.)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

### Other Light Trucks ( $\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

## OTHER VEHICLES

### Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): \_\_\_\_\_
- (59) Unknown bus type

### Medium/Heavy Trucks ( $> 4,500$ kgs GVWR)

- (60) Step van ( $> 4,500$  kgs GVWR)
- (61) Single unit straight truck ( $4,500$  kgs  $<$  GVWR  $\leq 8,850$  kgs)
- (62) Single unit straight truck ( $8,850$  kgs  $<$  GVWR  $\leq 12,000$  kgs)
- (63) Single unit straight truck ( $> 12,000$  kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

### Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): \_\_\_\_\_
- (89) Unknown motored cycle type

### Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

**OCCUPANT RELATED**

16. Driver Presence in Vehicle \_\_\_\_\_  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
17. Number of Occupants This Vehicle \_\_\_\_\_  
 (00-96) Code actual number of occupants  
       for this vehicle  
 (97) 97 or more  
 (99) Unknown
18. Number of Occupant Forms Submitted \_\_\_\_\_

24. Rollover \_\_\_\_\_  
 (0) No rollover (no overturning)
- Rollover (primarily about the longitudinal axis)*  
 (1) Rollover, 1 quarter turn only  
 (2) Rollover, 2 quarter turns  
 (3) Rollover, 3 quarter turns  
 (4) Rollover, 4 or more quarter turns (specify): \_\_\_\_\_
- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (9) Rollover (overturn), details unknown

**VEHICLE WEIGHT ITEMS**

19. Vehicle Curb Weight \_\_\_\_\_, \_\_\_\_\_ 0  
       Code weight to nearest  
       10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown

\_\_\_\_\_, \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_, \_\_\_\_\_ kgs

Source: \_\_\_\_\_

20. Vehicle Cargo Weight \_\_\_\_\_, \_\_\_\_\_ 0  
       Code weight to nearest  
       10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown

\_\_\_\_\_, \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_, \_\_\_\_\_ kgs

**RECONSTRUCTION DATA**

21. Towed Trailing Unit \_\_\_\_\_  
 (0) No towed unit  
 (1) Yes--towed trailing unit  
 (9) Unknown
22. Documentation of Trajectory Data  
 for This Vehicle \_\_\_\_\_  
 (0) No  
 (1) Yes
23. Post Collision Condition of Tree or Pole  
 (For Highest Delta V) \_\_\_\_\_  
 (0) Not collision (for highest delta V) with  
       tree or pole  
 (1) Not damaged  
 (2) Cracked/sheared  
 (3) Tilted <45 degrees  
 (4) Tilted ≥45 degrees  
 (5) Uprooted tree  
 (6) Separated pole from base  
 (7) Pole replaced  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

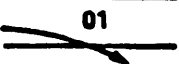


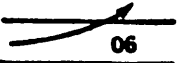

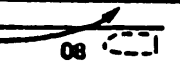



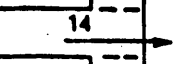
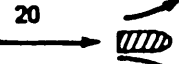
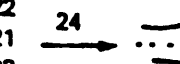
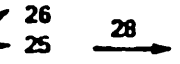
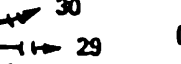
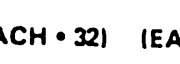
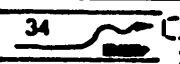


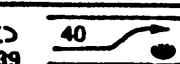
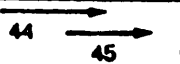


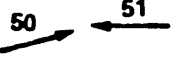





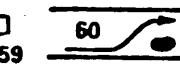
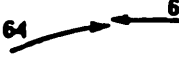



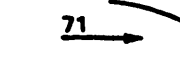
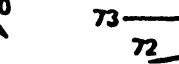
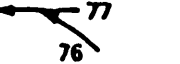



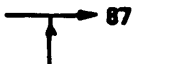

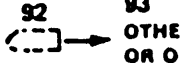

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

25. Front Override/Underride (this Vehicle) \_\_\_\_\_
26. Rear Override/Underride (this Vehicle) \_\_\_\_\_  
 (0) No override/underride, or  
       not an end-to-end impact
- Override (see specific CDC)*  
 (1) 1st CDC  
 (2) 2nd CDC  
 (3) Other not automated CDC (specify): \_\_\_\_\_
- Underride (see specific CDC)*  
 (4) 1st CDC  
 (5) 2nd CDC  
 (6) Other not automated CDC (specify): \_\_\_\_\_
- (7) Medium/heavy truck or bus override  
 (9) Unknown

**HEADING ANGLE AT IMPACT FOR  
HIGHEST DELTA V**

Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown

27. Heading Angle For This Vehicle \_\_\_\_\_
28. Heading Angle For Other Vehicle \_\_\_\_\_

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I. Single Driver	A. Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B. Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C. Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D. Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 26, 27	 26 DECEL. 28, 29, 30, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN
	E. Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) (EACH • 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F. Sideswipe Angle	 44 45 46 47	 46 45 47	 48 45 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G. Head-On	 50 LATERAL MOVE	 51 (EACH • 52) SPECIFICS OTHER	 53 (EACH • 53) SPECIFICS UNKNOWN		
	H. Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I. Sideswipe Angle	 64 LATERAL MOVE	 65 (EACH • 66) SPECIFICS OTHER	 67 (EACH • 67) SPECIFICS UNKNOWN		
IV. Change Trafficway Vehicle Turning	J. Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 73	(EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN	
	K. Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 79	 80 TURN INTO OPPOSITE DIRECTIONS	 82 83	(EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	 86 87	 88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN	
VI. Miscellaneous	M. Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

## 29. Basis for Total Delta V (highest) \_\_\_\_\_

*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

*Delta V Not Calculated*

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

**COMPUTER GENERATED DELTA V**

## 30. Total Delta V \_\_\_\_\_ Highest

\_\_\_\_\_ Nearest kph (highest)

\_\_\_\_\_ Nearest kph (secondary)

(NOTE: 000 means less than  
0.5 kph)  
(160) 159.5 kph and above  
(999) Unknown

31. Longitudinal Component of Delta V \_\_\_\_\_ +  
\_\_\_\_\_ -

\_\_\_\_\_ Nearest kph (highest)

\_\_\_\_\_ Nearest kph (secondary)

(NOTE: \_\_000 means greater than  
-0.5 kph and less than +0.5 kph)  
(± 160) ± 159.5 kph and above  
(\_\_999) Unknown

32. Lateral Component of Delta V \_\_\_\_\_ +  
\_\_\_\_\_ - Highest

\_\_\_\_\_ Nearest kph (highest)

\_\_\_\_\_ Nearest kph (secondary)

(NOTE: \_\_000 means greater than  
-0.5 kph and less than +0.5 kph)  
(± 160) ± 159.5 kph and above  
(\_\_999) Unknown

## 33. Energy Absorption \_\_\_\_\_, \_\_\_\_\_ 0 0

\_\_\_\_\_ Nearest 100 joules (highest)

\_\_\_\_\_ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)  
(9997) 999,650 joules or more  
(9999) Unknown

## 34. Confidence In Reconstruction Program Results (For Highest Delta V) \_\_\_\_\_

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

## 35. Type of Vehicle Inspection \_\_\_\_\_

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify): \_\_\_\_\_

## 36. Is this an AOPS Vehicle? \_\_\_\_\_

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [ ] YES [ ] NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [ ] YES [ ] NO



37. Police Reported Other Drug Presence    $\phi$   

- (0) No other drug(s) present
- (1) Yes [other drug(s) present]
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver    $\phi$   

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver    $\phi$   

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):  
\_\_\_\_\_
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

### DRUG EVALUATION CLASSIFICATION

#### OTHER DRUGS TEST RESULTS FOR DRIVER

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>  <math>\phi</math>  </u>	41. <u>  <math>\phi</math>  </u>
Depressant Drug	42. <u>  <math>\phi</math>  </u>	43. <u>  <math>\phi</math>  </u>
Stimulant Drug	44. <u>  <math>\phi</math>  </u>	45. <u>  <math>\phi</math>  </u>
Hallucinogen Drug	46. <u>  <math>\phi</math>  </u>	47. <u>  <math>\phi</math>  </u>
Cannabinoid Drug	48. <u>  <math>\phi</math>  </u>	49. <u>  <math>\phi</math>  </u>
Phencyclidine (PCP)	50. <u>  <math>\phi</math>  </u>	51. <u>  <math>\phi</math>  </u>
Inhalant Drug	52. <u>  <math>\phi</math>  </u>	53. <u>  <math>\phi</math>  </u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>  <math>\phi</math>  </u>	55. <u>  <math>\phi</math>  </u>

## Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

## Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

**OTHER DATA**

## 56. Driver's Zip Code

- (00000) Driver not present  
 (00001) Driver not a resident of U.S. or territories  
                     Code actual 5-digit zip code  
 (99999) Unknown

## 57. Driver's Race/Ethnic Origin

- (0) Driver not present  
 (1) White (non-Hispanic)  
 (2) Black (non-Hispanic)  
 (3) White (Hispanic)  
 (4) Black (Hispanic)  
 (5) American Indian, Eskimo or Aleut  
 (6) Asian or Pacific Islander  
 (8) Other (specify):  
 (9) Unknown

## 58. Vehicle Special Use (This Trip)

- (0) No special use  
 (1) Taxi  
 (2) Vehicle used as school bus  
 (3) Vehicle used as other bus  
 (4) Military  
 (5) Police  
 (6) Ambulance  
 (7) Fire truck or car  
 (8) Other (specify):  
 (9) Unknown

**ROLLOVER DATA**

If GV07 (Body Type)  $\neq$  1-49, leave GV59-GV63 blank.  
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.  
 If GV24 = 9, then GV59-GV63 must equal 9.

## 59. Rollover Initiation Type

- (0) No rollover  
 (1) Trip-over  
 (2) Flip-over  
 (3) Turn-over  
 (4) Climb-over  
 (5) Fall-over  
 (6) Bounce-over  
 (7) Collision with another vehicle  
 (8) Other rollover initiation type specify:  
 (9) Unknown rollover initiation type

## 60. Location of Rollover Initiation

- (0) No rollover  
 (1) On roadway  
 (2) On shoulder—paved  
 (3) On shoulder—unpaved  
 (4) On roadside or divided trafficway median  
 (9) Unknown

## 61. Rollover Initiation Object Contacted

## 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify):  
 (8) Non-contact rollover forces (specify):  
 (9) Unknown

## 63. Direction of Initial Roll

- (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (5) End-over-end (i.e., primarily about the lateral axis)  
 (9) Unknown roll direction

**PRECRASH DATA**

## 64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight  
 (02) Slowing or stopping in traffic lane  
 (03) Starting in traffic lane  
 (04) Stopped in traffic lane  
 (05) Passing or overtaking another vehicle  
 (06) Disabled or parked in travel lane  
 (07) Leaving a parking position  
 (08) Entering a parking position  
 (09) Turning right  
 (10) Turning left  
 (11) Making a U-turn  
 (12) Backing up (other than for parking position)  
 (13) Negotiating a curve  
 (14) Changing lanes  
 (15) Merging  
 (16) Successful avoidance maneuver to a previous critical event  
 (97) Other (specify):  
 (98) No driver present  
 (99) Unknown

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)
- (42) Tree ( $> 10$  cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)
- (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)
- (52) Pole or post ( $> 30$  cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object

### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object

## PRECRASH DATA (Continued)

65. Critical Precrash Event 1 3*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off)  
(specify): \_\_\_\_\_
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_
- (05) Poor road conditions (puddle, pot hole, ice, etc.)  
(specify): \_\_\_\_\_
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): \_\_\_\_\_
- (09) Unknown cause of control loss

*This Vehicle Traveling*

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

*Other Motor Vehicle In Lane*

- (50) Stopped
- (51) Traveling in same direction with lower speed  
(i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle  
in lane

*Other Motor Vehicle Encroaching Into Lane*

- (60) From adjacent lane (same direction)—over left  
lane line
- (61) From adjacent lane (same direction)—over right  
lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same  
direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite  
direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details  
unknown

*Pedestrian or Pedalcyclist, or Other Nonmotorist*

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway  
(specify): \_\_\_\_\_
- (84) Pedalcyclist or other nonmotorist approaching  
roadway (specify): \_\_\_\_\_
- (85) Pedalcyclist or other nonmotorist—unknown  
location (specify): \_\_\_\_\_

*Object or Animal*

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): \_\_\_\_\_
- (99) Unknown

For Corrective Actions Attempted see variable GV14  
(Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30  
degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): \_\_\_\_\_
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of  
Avoidance Maneuver (Corrective Action) 5

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance  
maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane  
where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left  
travel lane where avoidance maneuver was  
initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), \*\*\*  
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*  
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## OCCUPANT'S SEATING

1. Primary Sampling Unit Number
2. Case Number - Stratum DSI-94-58-009
3. Vehicle Number 01
4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 32  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 2  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 222  
Code actual height to the nearest  
centimeter.  
(999) Unknown  
  
       inches X 2.54 =        centimeters
8. Occupant's Weight 222  
Code actual weight to the nearest  
kilogram.  
(999) Unknown  
  
       pounds X .4536 =        kilograms
9. Occupant's Role 1  
(1) Driver  
(2) Passenger  
(9) Unknown

10. Occupant's Seat Position 11  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify):  
(15) On or in the lap of another occupant  
  
*Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify):  
(25) On or in the lap of another occupant  
  
*Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify):  
(35) On or in the lap of another occupant  
  
*Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify):  
(45) On or in the lap of another occupant  
  
(97) In or on unenclosed area  
(98) Other seat (specify):  
(99) Unknown
11. Occupant's Posture 8  
(0) Normal posture  
  
*Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front  
of seat  
(8) Other abnormal posture (specify):  
(9) Unknown



## EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 3

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 3

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment 3

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 3

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 3

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position    $\phi$   

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Seat Type (this Occupant Position)   1  $\phi$   

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)   1  

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model    $\phi$    $\phi$    $\phi$   

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat    $\phi$   

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation    $\phi$    $\phi$   

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage    $\phi$    $\phi$   32. Child Safety Seat Shield Usage    $\phi$    $\phi$   33. Child Safety Seat Tether Usage    $\phi$    $\phi$   Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) φ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality φ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) φ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

37. Hospital Stay φ φ

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

99. Case Occupant φ

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost φ φ

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_

(99) Unknown

43. Number of Recorded Injuries for This Occupant φ φ

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured



**AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_

- (9) Unknown

## Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative
- [X] Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- [ ] Other (specify): \_\_\_\_\_

- [ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES [ ]

UPDATE CANDIDATE?

NO [X] YES [ ]

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score  $\phi$   $\phi$   
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured
51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$   $\phi$   $\phi$   
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## OCCUPANT'S SEATING

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum DSE-94-58-009
3. Vehicle Number 01
4. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 08  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 2  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 9 9 9  
Code actual height to the nearest  
centimeter.  
(999) Unknown  
  
\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters
8. Occupant's Weight 9 9 9  
Code actual weight to the nearest  
kilogram.  
(999) Unknown  
  
\_\_\_\_\_ pounds X .4536 = \_\_\_\_\_ kilograms
9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

10. Occupant's Seat Position 9 9  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant
- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant
- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant
- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant  
  
(97) In or on unenclosed area  
(98) Other seat (specify): \_\_\_\_\_  
(99) Unknown
11. Occupant's Posture 9  
(0) Normal posture
- Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability φ

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_



## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position    $\phi$   

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Seat Type (this Occupant Position)   1   $\phi$   

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)   1  

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ  
 (000) No child safety seat  
 Applicable codes are found in your NASS CDS  
 Data Collection, Coding and Editing  
 (950) Built-in child safety seat  
 (997) Other make/model (specify):

(998) Unknown make/model  
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat φ  
 (0) No child safety seat  
 (1) Infant seat  
 (2) Toddler seat  
 (3) Convertible seat  
 (4) Booster seat  
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type  
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ  
 (00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing  
 (02) Forward facing  
 (08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing  
 (12) Forward facing  
 (18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing  
 (22) Forward facing  
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ

32. Child Safety Seat Shield Usage φ φ

33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to  
 Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether  
 added, not used  
 (02) After market harness/shield/tether used  
 (03) Child safety seat used, but no after market  
 harness/shield/tether added  
 (09) Unknown if harness/shield/tether  
 added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used  
 (12) Harness/shield/tether used  
 (19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used  
 (22) Harness/shield/tether used  
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) φ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality φ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) φ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
  - (99) Unknown

99. Case Occupant φ

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 9 7

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
  - (61) 61 days or more
  - (62) Fatally injured
  - (97) Not working prior to accident
  - (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
  - (96) Fatal - ruled disease
  - (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
  - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant φ φ

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
  - (97) Injured, details unknown
  - (99) Unknown if injured

**AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## Check the Primary Source Used In Determining Belt Use.

- ☒ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): \_\_\_\_\_
- ☐ Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES ☐

UPDATE CANDIDATE?

NO ☒ YES ☐

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score    $\phi$    $\phi$     
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood?   1    
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$     $\phi$    $\phi$     
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination    $\phi$     
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used



National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number	_____
2. Case Number - Stratum	<u>DSI-94-SB-749</u>
3. Vehicle Number	<u>6 1</u>
4. Occupant Number	<u>6 3</u>
<b>OCCUPANT'S CHARACTERISTICS</b>	
5. Occupant's Age	<u>1 7</u>
Code actual age at time of accident. (00) Less than one year old (specify by month): _____ (97) 97 years and older (99) Unknown	
6. Occupant's Sex	<u>1</u>
(1) Male (2) Female (9) Unknown	
7. Occupant's Height	<u>9 9 9</u>
Code actual height to the nearest centimeter. (999) Unknown  _____ inches X 2.54 = _____ centimeters	
8. Occupant's Weight	<u>9 9 9</u>
Code actual weight to the nearest kilogram. (999) Unknown  _____ pounds X .4536 = _____ kilograms	
9. Occupant's Role	<u>2</u>
(1) Driver (2) Passenger (9) Unknown	
10. Occupant's Seat Position	<u>2 8</u>
<i>Front Seat</i> (11) Left side (12) Middle (13) Right side (14) Other (specify): _____ (15) On or in the lap of another occupant  <i>Second Seat</i> (21) Left side (22) Middle (23) Right side (24) Other (specify): _____ (25) On or in the lap of another occupant  <i>Third Seat</i> (31) Left side (32) Middle (33) Right side (34) Other (specify): _____ (35) On or in the lap of another occupant  <i>Fourth Seat</i> (41) Left side (42) Middle (43) Right side (44) Other (specify): _____ (45) On or in the lap of another occupant  (97) In or on unenclosed area (98) Other seat (specify): <u>Row 5 or 6 / R. side</u> (99) Unknown	
11. Occupant's Posture	<u>8</u>
(0) Normal posture  <i>Abnormal posture</i> (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): <u>KNEES ON SURFACE IN FRONT OF SEAT</u> (9) Unknown	

## EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability φ

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify):

(8) Restrained, type unknown

(9) Police indicated "unknown"

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position    $\phi$   

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Seat Type (this Occupant Position)   1  $\phi$   

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)   1  

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model Ø Ø Ø

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat Ø

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation Ø Ø

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage Ø Ø32. Child Safety Seat Shield Usage Ø Ø33. Child Safety Seat Tether Usage Ø ØNote: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used



**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) φ

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality φ

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) φ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

37. Hospital Stay φ φ

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

99. Case Occupant φ

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 9 7

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ φ

- \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ φ41. 2nd Medically Reported Cause of Death φ φ42. 3rd Medically Reported Cause of Death φ φ

- \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_

- (97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_

- (99) Unknown

43. Number of Recorded Injuries for This Occupant φ φ

- \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/  
Function  $\phi$ 

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use  $\phi$ 

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type  $\phi$ 

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive)  
Belt System  $\phi$ 

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes  
During Accident  $\phi$ 

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## Check the Primary Source Used In Determining Belt Use.

- ☒ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): \_\_\_\_\_
- ☐ Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
WITH INITIAL SUBMISSION?NO ☒ YES ☐

UPDATE CANDIDATE?

NO ☒ YES ☐

**STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**

### TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score φ φ  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the  
 initial GCS Score recorded at medical  
 facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

51. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  φ φ  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the  $\text{HCO}_3$   
 (96) ABGs reported,  $\text{HCO}_3$  unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

### BELT USE DETERMINATION

53. Primary Source of Belt Use Determination φ  
 (0) Not equipped/not available/destroyed  
 or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used

National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## OCCUPANT'S SEATING

1. Primary Sampling Unit Number \_\_\_\_\_
2. Case Number - Stratum DSI-94-58-009
3. Vehicle Number 0 1
4. Occupant Number 0 4

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 1 2  
Code actual age at time of accident.  
(00) Less than one year old (specify by month): \_\_\_\_\_  
(97) 97 years and older \_\_\_\_\_  
(99) Unknown
6. Occupant's Sex 1  
(1) Male  
(2) Female  
(9) Unknown
7. Occupant's Height 1 6 0  
Code actual height to the nearest centimeter.  
(999) Unknown  
6 3 inches X 2.54 = 1 6 0 centimeters
8. Occupant's Weight 0 5 4  
Code actual weight to the nearest kilogram.  
(999) Unknown  
1 2 0 pounds X .4536 = 0 5 4 kilograms
9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

10. Occupant's Seat Position 9 8  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify): \_\_\_\_\_  
(15) On or in the lap of another occupant

- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify): \_\_\_\_\_  
(25) On or in the lap of another occupant

- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify): \_\_\_\_\_  
(35) On or in the lap of another occupant

- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify): \_\_\_\_\_  
(45) On or in the lap of another occupant

- (97) In or on unenclosed area  
(98) Other seat (specify): Row 11 / R. SEAT  
(99) Unknown

11. Occupant's Posture 9  
(0) Normal posture

- Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in front of seat  
(8) Other abnormal posture (specify): \_\_\_\_\_  
(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability φ

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use φ φ

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts φ

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident φ

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use φ

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_



## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant at This Occupant Position φ

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Seat Type (this Occupant Position) 1 φ

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 6

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): L. SIDEWALL OF BUS
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

<p>28. Child Safety Seat Make/Model <u>φ φ φ</u>  (000) No child safety seat  Applicable codes are found in your NASS CDS  Data Collection, Coding and Editing  (950) Built-in child safety seat  (997) Other make/model (specify):  _____  (998) Unknown make/model  (999) Unknown if child safety seat used</p> <p>29. Type of Child Safety Seat <u>φ</u>  (0) No child safety seat  (1) Infant seat  (2) Toddler seat  (3) Convertible seat  (4) Booster seat  (7) Other type child safety seat (specify):  _____  (8) Unknown child safety seat type  (9) Unknown if child safety seat used</p> <p>30. Child Safety Seat Orientation <u>φ φ</u>  (00) No child safety seat</p> <p><i>Designed for Rear Facing for This Age/Weight</i>  (01) Rear facing  (02) Forward facing  (08) Other orientation (specify):  _____  (09) Unknown orientation</p> <p><i>Designed For Forward Facing for This Age/Weight</i>  (11) Rear facing  (12) Forward facing  (18) Other orientation (specify):  _____  (19) Unknown orientation</p> <p><i>Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight</i>  (21) Rear facing  (22) Forward facing  (28) Other orientation (specify):  _____  (29) Unknown orientation</p> <p>(99) Unknown if child safety seat used</p>	<p>31. Child Safety Seat Harness Usage <u>φ φ</u></p> <p>32. Child Safety Seat Shield Usage <u>φ φ</u></p> <p>33. Child Safety Seat Tether Usage <u>φ φ</u></p> <p>Note: Options below applicable to Variables OA31-OA33.  (00) No child safety seat</p> <p><i>Not Designed With Harness/Shield/Tether</i>  (01) After market harness/shield/tether added, not used  (02) After market harness/shield/tether used  (03) Child safety seat used, but no after market harness/shield/tether added  (09) Unknown if harness/shield/tether added or used</p> <p><i>Designed With Harness/Shield/Tether</i>  (11) Harness/shield/tether not used  (12) Harness/shield/tether used  (19) Unknown if harness/shield/tether used</p> <p><i>Unknown If Designed With Harness/Shield/Tether</i>  (21) Harness/shield/tether not used  (22) Harness/shield/tether used  (29) Unknown if harness/shield/tether used</p> <p>(99) Unknown if child safety seat used</p>
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**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) φ

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

(9) Unknown

37. Hospital Stay φ φ

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

99. Case Occupant 1

- (0) Not Case Occupant
- (1) This is the Case Occupant
- (2) This is the Case Occupant in another case

38. Working Days Lost 6 2

Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death φ 1

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death φ 141. 2nd Medically Reported Cause of Death φ 242. 3rd Medically Reported Cause of Death φ 5

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_

(99) Unknown

43. Number of Recorded Injuries for This Occupant 1 2

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function** φ

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

**45. Automatic (Passive) Belt System Use** φ

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_

- (3) Automatic belt use unknown
- (9) Unknown

**46. Automatic (Passive) Belt System Type** φ

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System** φ

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident** φ

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_

- (9) Unknown

**49. Seat Orientation (this Occupant Position)** 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_

- (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- ☒ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): \_\_\_\_\_

- ☐ Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [ ] YES [ ]

UPDATE CANDIDATE?

NO [ ] YES [ ]

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 0 2  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  0 1  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 0  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used

National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number \_\_\_\_\_

3. Vehicle Number 012. Case Number - Stratum DSI-94-58-0024. Occupant Number 04

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

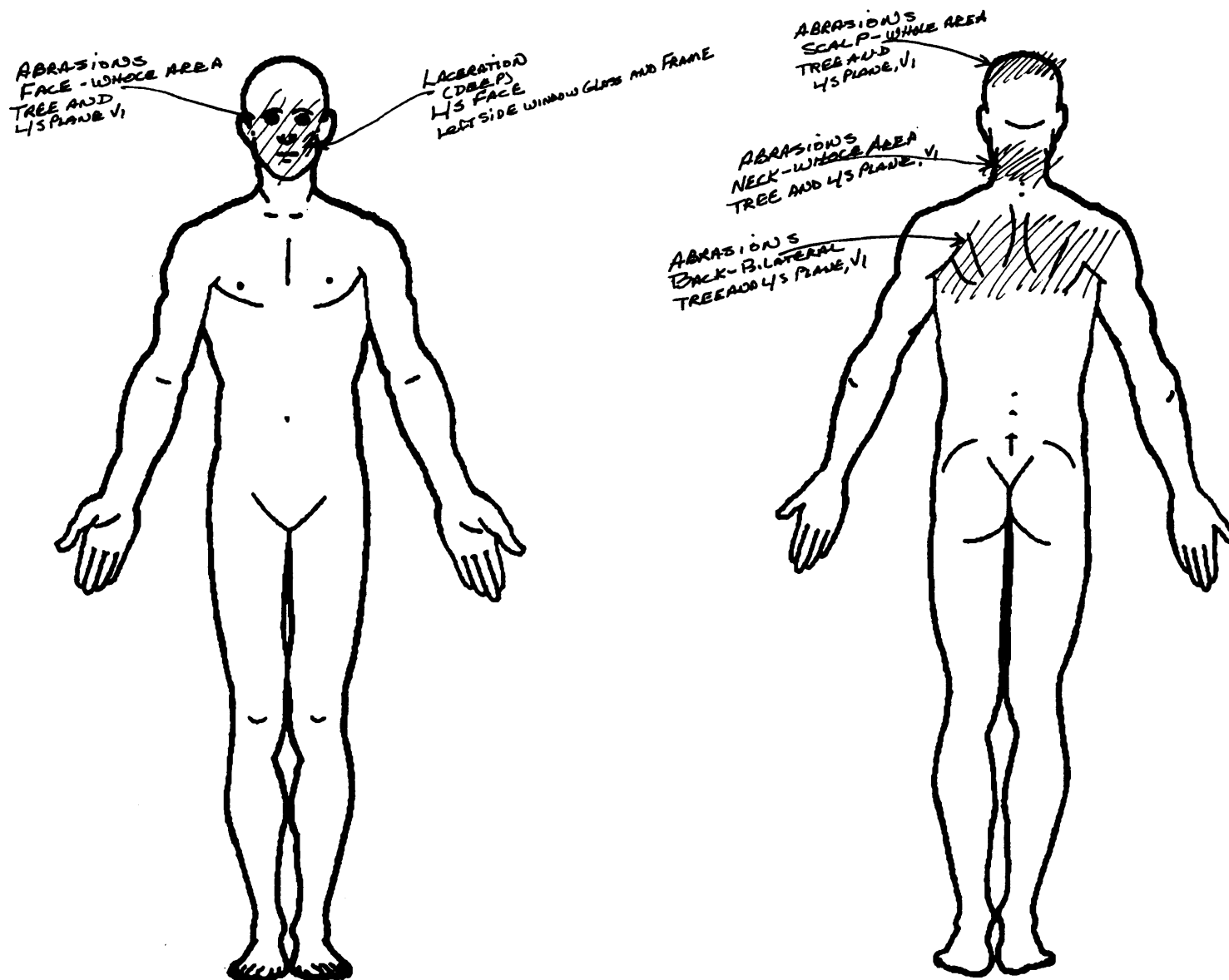
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90		Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
				Specific Anatomic Structure									
1st	5. <u>1</u>	6. <u>1</u>	7. <u>4</u>	8. <u>02</u>	9. <u>12</u>	10. <u>6</u>	11. <u>8</u>	12. <u>67</u>	13. <u>1</u>	14. <u>2</u>	15. <u>00</u>		<u>801.6</u>
2nd	16. <u>1</u>	17. <u>1</u>	18. <u>4</u>	19. <u>02</u>	20. <u>04</u>	21. <u>5</u>	22. <u>8</u>	23. <u>67</u>	24. <u>1</u>	25. <u>2</u>	26. <u>00</u>		<u>801.65</u>
3rd	27. <u>1</u>	28. <u>1</u>	29. <u>4</u>	30. <u>04</u>	31. <u>74</u>	32. <u>4</u>	33. <u>6</u>	34. <u>67</u>	35. <u>1</u>	36. <u>2</u>	37. <u>00</u>		<u>800.69</u>
4th	38. <u>1</u>	39. <u>1</u>	40. <u>5</u>	41. <u>04</u>	42. <u>06</u>	43. <u>4</u>	44. <u>6</u>	45. <u>67</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>		<u>800.65</u>
5th	49. <u>1</u>	50. <u>1</u>	51. <u>5</u>	52. <u>02</u>	53. <u>06</u>	54. <u>4</u>	55. <u>8</u>	56. <u>67</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>		<u>801.64</u>
6th	60. <u>1</u>	61. <u>1</u>	62. <u>4</u>	63. <u>04</u>	64. <u>04</u>	65. <u>4</u>	66. <u>6</u>	67. <u>67</u>	68. <u>1</u>	69. <u>2</u>	70. <u>00</u>		<u>800.69</u>
7th	71. <u>1</u>	72. <u>4</u>	73. <u>4</u>	74. <u>18</u>	75. <u>04</u>	76. <u>2</u>	77. <u>3</u>	78. <u>67</u>	79. <u>1</u>	80. <u>2</u>	81. <u>00</u>		<u>862.29</u>
8th	82. <u>1</u>	83. <u>2</u>	84. <u>9</u>	85. <u>06</u>	86. <u>04</u>	87. <u>2</u>	88. <u>2</u>	89. <u>25</u>	90. <u>1</u>	91. <u>1</u>	92. <u>00</u>		<u>873.44</u>
9th	93. <u>1</u>	94. <u>1</u>	95. <u>9</u>	96. <u>02</u>	97. <u>02</u>	98. <u>1</u>	99. <u>0</u>	100. <u>67</u>	101. <u>1</u>	102. <u>1</u>	103. <u>00</u>		<u>910.0</u>
10th	104. <u>1</u>	105. <u>2</u>	106. <u>9</u>	107. <u>02</u>	108. <u>02</u>	109. <u>1</u>	110. <u>0</u>	111. <u>67</u>	112. <u>1</u>	113. <u>1</u>	114. <u>00</u>		<u>910.0</u>



		A.I.S. - 90							Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	ICD-9
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
11th	<u>1</u>	<u>3</u>	<u>9</u>	<u>φ 2</u>	<u>φ 2</u>	<u>1</u>	<u>φ</u>	<u>67</u>	<u>1</u>	<u>1</u>	<u>φ φ</u>	<u>91φ.φ</u>
12th	<u>1</u>	<u>6</u>	<u>9</u>	<u>φ 2</u>	<u>φ 2</u>	<u>1</u>	<u>φ</u>	<u>67</u>	<u>1</u>	<u>1</u>	<u>φ φ</u>	<u>911.φ</u>
13th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
4th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
5th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
6th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
7th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
8th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
9th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
10th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
11th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
12th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
13th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
14th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
15th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
16th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
17th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
18th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
19th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
20th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
21st	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
22nd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
23rd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
24th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	
25th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —	

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol Level  
(mg/dl)

BAL =  $\phi$

Glasgow Coma  
Scale Score

GCSS =  $\phi$

Units of Blood  
Given

Units =  $\phi$

Arterial Blood Gases

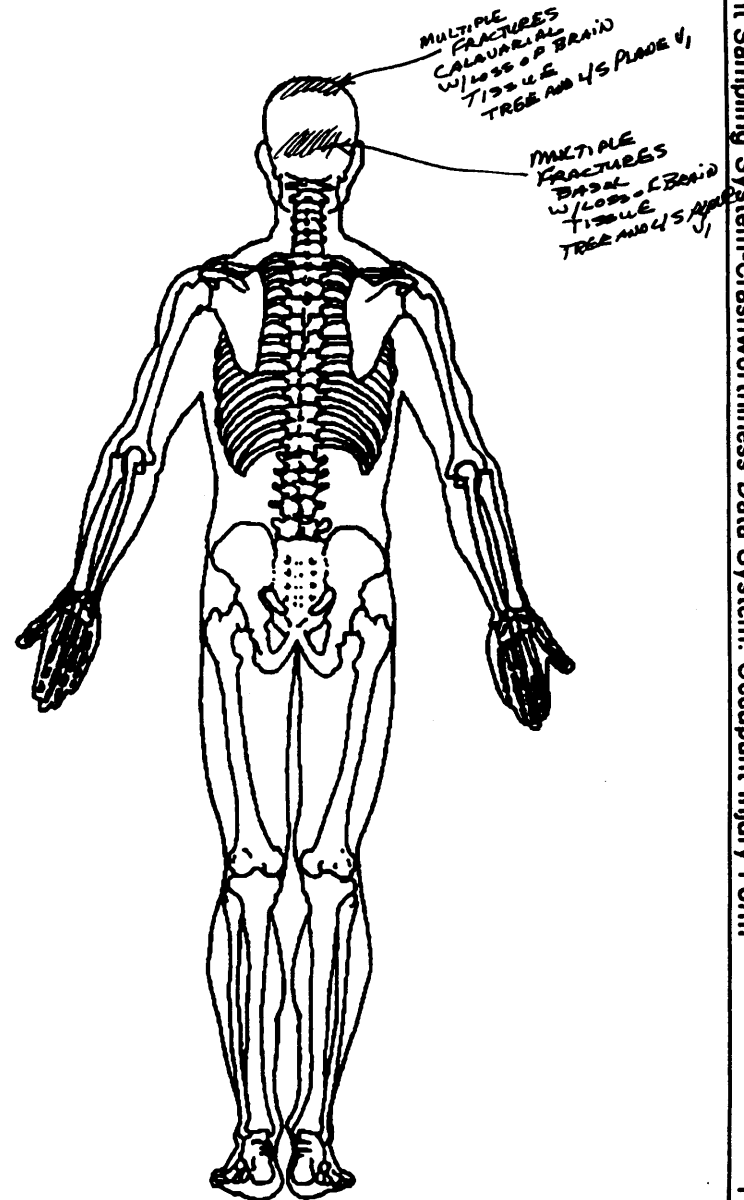
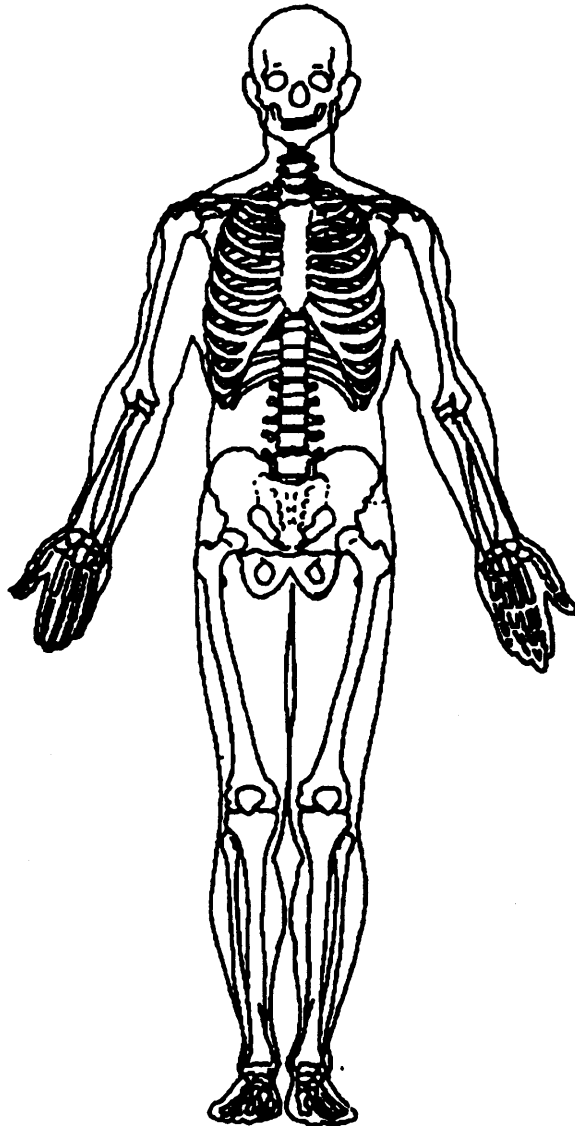
pH =  $\phi$

PO<sub>2</sub> =  $\phi$

PCO<sub>2</sub> =  $\phi$

HCO<sub>3</sub> =  $\phi$

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
  - (31) Right side hardware or armrest
  - (32) Right A (A1/A2)-pillar
  - (33) Right B-pillar
  - (34) Other right pillar (specify): \_\_\_\_\_
  - (35) Right side window glass or frame
  - (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
  - (37) Other right side object (specify): \_\_\_\_\_
  - (38) Right side window sill
- ### INTERIOR
- (40) Seat, back support
  - (41) Belt restraint webbing/buckle
  - (42) Belt restraint B-pillar or door frame attachment point
  - (43) Other restraint system component (specify): \_\_\_\_\_
  - (44) Head restraint system
  - (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
  - (46) Other occupants (specify): \_\_\_\_\_
  - (47) Interior loose objects
  - (48) Child safety seat (specify): \_\_\_\_\_
  - (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): LEFT SIDE PLANE AND TREE
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_

- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_
- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

### Specific Anatomic Structure

- Whole Area
- (02) Skin - Abrasion
  - (04) Skin - Contusion
  - (06) Skin - Laceration
  - (08) Skin - Avulsion
  - (10) Amputation
  - (20) Burn
  - (30) Crush
  - (40) Degloving
  - (50) Injury - NFS
  - (90) Trauma, other than mechanical

### Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

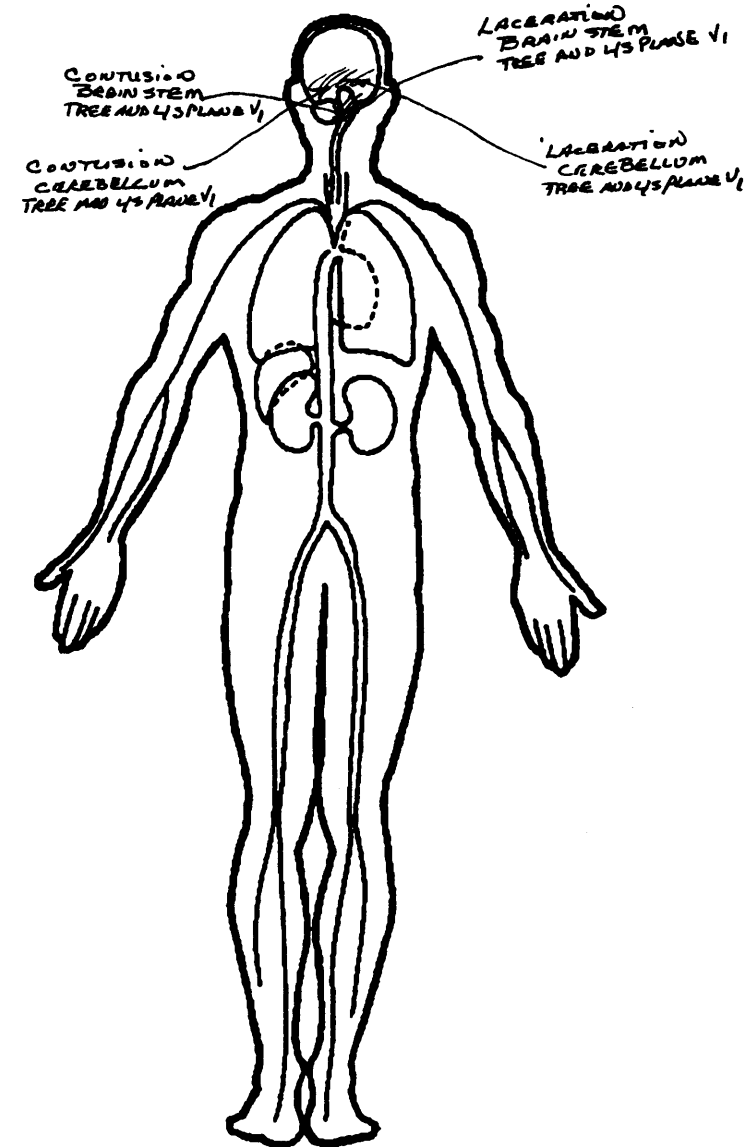
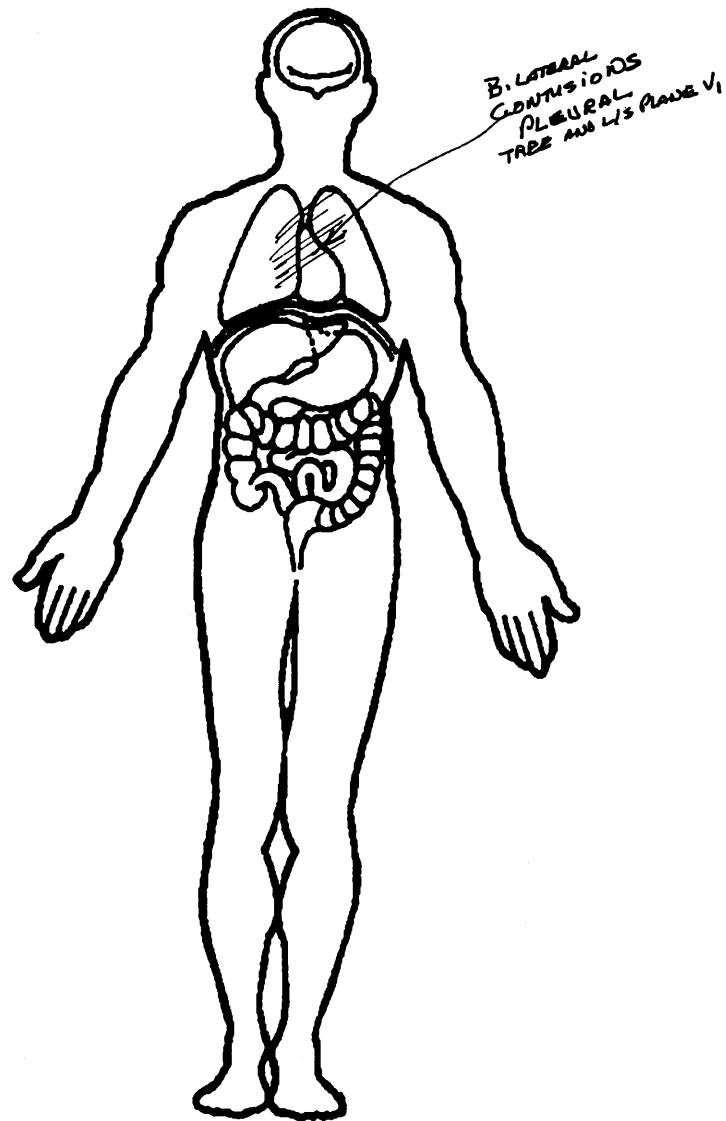
- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

## OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## POLICE ACCIDENT REPORT

ACCIDENT DATE Month Day Year 11 17 2009		DAY OF WEEK Sun		TIME AM PM 11 PM		COUNTY OF ACCIDENT		MILE POST NUMBER		RAILROAD CROSSING NO. IF WITHIN 150 FEET													
CITY OR TOWN				LANDMARKS AT SCENE				NUMBER OF VEHICLES		OFFICIAL USE ONLY													
ROUTE NO. OR STREET NAME AT SCENE				ROUTE NUMBER OR STREET NAME				BEST AVAILABLE COPY															
AT INTERSECTION WITH				MILES				FEET															
VEHICLE NO. 1				VEHICLE NO. 2 (OR PEDESTRIAN)																			
DRIVER'S NAME (LAST, FIRST, MIDDLE)				OCCUPATION				DRIVER'S NAME (LAST, FIRST, MIDDLE)				OCCUPATION											
ADDRESS (STREET & NO.)				YEARS OF DRIVING EXPERIENCE				ADDRESS (STREET & NO.)				YEARS OF DRIVING EXPERIENCE											
CITY				STATE				CITY				STATE											
DATE OF BIRTH				SEX				DRIVER'S LICENSE NUMBER				STATE											
VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)				VEHICLE OWNER'S NAME (LAST, FIRST, MIDDLE)				ADDRESS (STREET & NO.)				ADDRESS (STREET & NO.)											
CITY				STATE				CITY				STATE											
MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.)				YEAR				REPAIR COST				MAKE & TYPE OF VEHICLE (SHOW MOPED, MOTORCYCLE, AMBULANCE, ETC.)				YEAR				REPAIR COST			
FORD				COLUMBIAN				89				2,000.00											
LICENSE PLATE NUMBER				STATE				NAME OF INSURANCE CO. (NOT AGENT)				LICENSE PLATE NUMBER				STATE				NAME OF INSURANCE CO. (NOT AGENT)			
DAMAGE TO PROPERTY OTHER THAN VEHICLES				OBJECT STRUCK (TREE, FENCE, ETC.)				OWNER'S NAME (LAST, FIRST, MIDDLE)				ADDRESS				REPAIR COST							
				NONE																			
VEHICLE NO. 1 DAMAGE CHECK POINTS OF IMPACT				ACCIDENT DIAGRAM								VEHICLE NO. 2 DAMAGE CHECK POINTS OF IMPACT											
FRONT												FRONT											
SPEED												SPEED											
BEFORE ACCIDENT												BEFORE ACCIDENT											
LIMIT												LIMIT											
MAXIMUM SAFE												MAXIMUM SAFE											
VEHICLE NO. 1 DAMAGES:				VEHICLE NO. 2 DAMAGES:				VEHICLE NO. 1 DAMAGES:				VEHICLE NO. 2 DAMAGES:											
OVERTURNED 3				UNDERCARRIAGE 8				BY FIRE 7				OVERTURNED 3				UNDERCARRIAGE 5				BY FIRE 7			
TOTALLED 0				OTHER 0				TOTALLED 0				OTHER 0				TOTALLED 0				OTHER 0			
ACCIDENT DESCRIPTION												NAMES OF INJURED - IF DECEASED, INCLUDE DATE OF DEATH											
NO. 1 RAN OFF THE RIGHT SIDE, STRUCK A ROCK LEDGE, CAME BACK ACROSS THE ROAD AND STRUCK A TREE WITH THE ROAD AND STRUCK A TREE WITH THE LEFT REAR CORNER.																							
OFFENSES CHARGED																							
DRIVER																							
9												10											
11												12											
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DATE 94	TIME AM PM	CITY-COUNTY-TOWN	VEHS 1	PHOTOGRAPHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NEGATIVE FILE NUMBER
ROUTE NO.-STREET NAME			INTE WITH OR CLOSEST INTE 1.1 mile South		
LOCALITY Open Country		ALIGNMENT Curve - Level	WEATHER CONDITION Raining		TRAFFIC CONTROL None
VEHICLE NO. 1			VEHICLE NO. 2		
OPERATING CARRIER OR OWNER if applicable County School Board			OPERATING CARRIER OR OWNER if applicable		
ADDRESS			ADDRESS		
CITY		STATE	ZIP CODE	CITY	STATE ZIP CODE
INSURANCE CARRIER			INSURANCE CARRIER		
YEAR 89	MAKE Ford	TYPE School Bus	LICENSE PLATE #	STATE	YEAR MAKE TYPE LICENSE PLATE # STATE
DRIVER NAME			DRIVER NAME		
ADDRESS			ADDRESS		
CITY		STATE	ZIP CODE	CITY	STATE ZIP CODE
DOB	DRIVER'S LICENSE #	STATE	DOB	DRIVER'S LICENSE #	STATE
	61				
<b>EXTRACT</b> #1 ran off the right side, struck a rock ledge, came back across the road and struck a tree next to the road with the left corner of the bus.					
<b>RESULTS</b> Traffic fatality and approximately \$2,000.00 property damage to the vehicle.					
<b>PROBABLE CAUSE</b> Driver inattention					
<b>SUMMARY</b> On , Trooper and myself, went to the County Maintenance Shop at to inspect a vehicle involved in a fatality accident. The vehicle involved was a 1989 Ford School Bus, registration Vin #1FDNB7					
PAGE 1 of 1	SP 313 NO.	REPORT SUBMITTED BY Trooper		DATE	RECEIVED BY





## STATE POLICE MOTOR CARRIER SAFETY INSPECTION NO.

CARRIER	NAME OF MOTOR CARRIER OPERATING AUTHORITY		COUNTY		SCHOOL BOARD		US DOT NO.	
	STREET ADDRESS						ICC NO.	
INSP.	CITY		STATE		ZIP CODE		SCC NO./VA STAMP	
	TIME STARTED	DATE	DW	SHIFT	LOCATION OF INSPECTION		OOS VER	SCALE
DRIVER	LAST NAME		FIRST NAME		MI	CITY/STATE/ZIP CODE		TYIP INSP.
	STREET ADDRESS		DOR		OL-CL-NUMBER/STATE		INTERST	Y N
SHIPPING PAPER	IF EMPTY/LAST LOAD		COMMODITY		STUDENTS			
	ORIGIN		DESTINATION		HAZARDOUS MATERIAL CLASS			
	NAME OF SHIPPER				HAZARDOUS MATERIAL CLASS			
	DATE	NUMBER OF DOCUMENT	REPT. QUAN.	Y N	HAZ. WASTE	PLACARDS REQUIRED	Y N	HAZ MAT COUNT
VEHICLE	MAKE	YEAR	ID NUMBER	COMPANY NUMBER	BODY TYPE	NO. AXL	SLEEP Y N	TAG NUMBER/STATE
POWER UNIT	FORD	89	FDNBT		27	2	1X	
TRAILER								
TRAILER								

[illegible]

## BRAKE ADJUSTMENT

RIGHT FRONT LEFT	AXLE 1	AXLE 2	AXLE 3	AXLE 4	AXLE 5	AXLE 6	AXLE 7
CHAMBER SIZE:							
INSPECTED BY				CODE NO.		INSP. TIME	
SEAL NOS. REMOVED				DEPT. SEAL NOS. INSTALLED			
CVSA DECAL TT		CVSA DECAL ST			CVSA DECAL ST		
DEPT. USE							

NOTE TO MOTOR CARRIER		 	
VEHICLE HAS BEEN PLACED "OUT OF SERVICE"			
PURSUANT TO AUTHORITY CONTAINED IN THE 1950 CODE OF VIRGINIA (AS AMENDED), I HEREBY DECLARE AND MARK THE ABOVE VEHICLE(S) "OUT OF SERVICE. NO PERSON SHALL REMOVE THE VEHICLE NUMBER STICKER(S) OR OPERATE SUCH VEHICLE(S) UNTIL NECESSARY REPAIRS HAVE BEEN COMPLETED AND THE VEHICLE(S) RESTORED TO SAFE OPERATING CONDITION.			
PLACED OUT OF SERVICE BY:		UNDER SECTION 52-8.4	
TEL. NO. OF STATE POLICE		UNDER SECTION 10.1-1450	
LOCATION PLACED OUT OF SERVICE			
OUT/SVC STICKER NOS. POWER UNIT	OUT/SVC STICKER TRAILER NO. 1	TRAILER NO. 2	
ITEMS MARKED IN THE "OUT OF SERVICE" COLUMN (OOS) MUST BE REPAIRED AND REVERSE SIDE OF THIS FORM COMPLETED AND MAILED WITHIN 15 DAYS TO ADDRESS SHOWN.			
COPY RECEIVED BY:		TIME ENTERED	

**ORIGINAL — ADMINISTRATIVE COORDINATOR**

CONFIDENTIAL

## PRELIMINARY INVESTIGATIVE REPORT

BEST AVAILABLE COPY

Code Number		Reported By		Page No. <u>L of 4</u>		Origin		Date <u>94</u>		Time		Case Number		Station Type (1)							
1	COMP	Comp No <u>1</u>		NAME Last		First		Middle		Residence Phone		Business Phone		13							
		ADDRESS Number		Street		City		State		Zip		Race Sex		Date of Birth SSAN		2					
2	VICTIM	Vic No (1) <u>1</u>		NAME Last		First		Middle		Residence Phone		Business Phone		Tattoo Location (1)							
		ADDRESS Number		Street		City		State		Zip		Race Sex		Resident Status: <u>W M</u>		Date of Birth		16			
		City		State		Zip		Ethnic		SSAN						(2)					
		Victim Related Events <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10		Victim Injury		Victim Relation to Acc/Susp		1 2 3 4 5 6 7 8 9 10		Justifiable Homicide						15					
3	VICTIM	Vic No (2)		NAME Last		First		Middle		Residence Phone		Business Phone		Tattoo Location (1)							
		ADDRESS Number		Street		City		State		Zip		Race Sex		Resident Status:		Date of Birth		17			
		City		State		Zip		Ethnic		SSAN						(2)					
		Victim Related Events <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10		Victim Injury		Victim Relation to Acc/Susp		1 2 3 4 5 6 7 8 9 10		Justifiable Homicide						18					
4	Event	Event No (1)		Event		Code No		<input type="checkbox"/> (A) Attempted <input type="checkbox"/> (C) Completed		# Premises Entered		Type Security		19							
		Occurred <input checked="" type="checkbox"/> On <input type="checkbox"/> Between		Mo Day Yr		Time		Day of Week		Acc/Susp Used		Criminal Activity		Hate Crime		(2)					
5	Event	Event No (2)		Event		Code No		<input type="checkbox"/> (A) Attempted <input type="checkbox"/> (C) Completed		# Premises Entered		Type Security		20							
		ADDRESS Number		Street		City		State		Zip		Jurisdiction <u>UCR</u>		Type Location <u>HIGHWAY</u>		Hate Crime		21			
6	ACCUSED / SUSPECT / OTHER	ASO No (1) <u>A</u>		NAME Last		First		Middle		Alias AKA		Residence Phone		Business Phone		22					
		ADDRESS Number		Street		City		State		Zip		Occupation		Age Race Sex		Date of Birth		23			
		Height		Weight		Hair Color		Eye Color		Facial Hair		Hairstyle		Arrest Number		SSAN		24			
		ASO No (2) <u>A</u>		NAME Last		First		Middle		Alias AKA		Residence Phone		Business Phone		25					
7	VEHICLE	Veh No <u>1</u>		Year <u>1989</u>		Make <u>FORD</u>		Model <u>B-700</u>		Type <u>SCHOOL BUS</u>		License Number <u>FERM</u>		Year		State		Teletype Number		26	
		VIN <u>1FDNB</u>		Owner's Name <u>SCHOOL BOARD</u>		Address														27	
		Released to Owner		Name		Address														28	
		Date																		29	
8	DRUG	Type		Whole Quantity		Fractional Quantity		Measurement		Estimated Value										30	
																		(2)			
9	Other	Victim Was		Victim Alias		Homicide/Death Circumstances		Suspect Actions												31	
		(1)		(2)		(1)		(2)		(1)		(2)		(1)		(2)		(1)		(2)	

## STATE POLICE

## INVESTIGATIVE SUMMARY

CASE# \_\_\_\_\_

MEMBER \_\_\_\_\_

CODE \_\_\_\_\_

DATE: \_\_\_\_\_

94

SOME MINOR SHEET METAL DAMAGE LOW ON THE RIGHT SIDE OF THE BUS. THE UPPER REAR LEFT CORNER OF THE BUS WAS CAVED IN. THE BODY HAD BEEN REMOVED FROM THE BUS AND PLACED IN A RESCUE UNIT. THERE WAS A LARGE AMOUNT OF BLOOD AND OTHER MATTER IN THE FLOOR, IN THE CENTER ISLE THREE SEATS UP FROM THE REAR OF THE BUS. THIS APPEARED TO BE WHERE THE BODY WAS BEFORE IT WAS REMOVED. THERE WAS ALSO A LARGE AMOUNT OF BLOOD AND OTHER MATTER AROUND THE LEFT REAR SIDE WINDOW. THERE WAS ALSO BLOOD ON THE TOP ABOVE THE WINDOWS ON THE RIGHT SIDE.

THERE WAS EVIDENCE THAT THE RIGHT WHEELS AND SIDE OF THE BUS HAD STRUCK A ROCK LEDGE ON THE RIGHT SIDE THAT PROTRUDED OUT TO THE EDGE OF THE ROAD. THIS THREW THE BUS TO THE LEFT SIDE. THE DRIVER APPARENTLY STEERED RIGHT TO AVOID GOING OFF THE LEFT SIDE. THIS ACTION CAUSED THE REAR OF THE BUS TO WHIP TO THE LEFT. THE VICTIM WAS SEATED IN THE LEFT REAR SEAT. WHEN THE BUS WHIP TO THE LEFT THE VICTIM'S HEAD WENT THROUGH THE LEFT REAR WINDOW. THE LEFT REAR OF THE BUS STRUCK A TREE AT THE SAME TIME. THE VICTIM'S HEAD WAS PINNED BETWEEN THE BUS AND THE TREE CAUSING HIS FATAL INJURIES.

THE ROAD AT THE SCENE OF THE ACCIDENT IS AN UNPAVED DIRT AND GRAVEL ROAD WITH CUT OUTS. THERE IS A CUT OUT AT THE POINT WHERE THE ACCIDENT HAPPENED. THE NORMALLY TRAVELED PORTION OF THE ROAD IS ABOUT 14 FT WIDE. INCLUDING

## STATE POLICE

BEST AVAILABLE COPY

## INVESTIGATIVE SUMMARY

CASE# \_\_\_\_\_

MEMBER \_\_\_\_\_

CODE \_\_\_\_\_

DATE: \_\_\_\_\_

94

THE TURN OUT IT IS ABOUT 23 FT. AT THE POINT WHERE THE BUS STRUCK THE ROCK LEDGE. IT IS 66 FT FROM THE ROCK LEDGE TO THE TREE THE BUS STRUCK. AT THIS POINT THE NORMAL TRAVEL PORTION IS 19 FT., INCLUDING THE TURN OUT IT IS 25 FT. IT WAS RAINING AT THE TIME OF THE ACCIDENT. THE ROAD WAS WET. I SAW NO INDICATION THAT THE WEATHER OR ROAD CONDITION HAD ANYTHING TO DO WITH THE ACCIDENT. THE BUS WAS STARTING ITS REGULAR ROUTE. ITS FINAL DESTINATION WAS MIDDLE SCHOOL. THE DRIVER OF THE BUS AND MOTHER OF THE VICTIM WAS

I INTERVIEWED HER AT HER HOME,

ON 94 AT AM. SHE

STATED: I DON'T REMEMBER WHAT HAPPENED. I JUST REMEMBER BEING ALL OVER THE ROAD. I FINALLY STOPPED AND LOOKED BACK. I DO NOT REMEMBER SEEING ANY OTHER VEHICLES OR ANYTHING. I DO NOT REMEMBER WHY I RAN OUT OF THE ROAD.

ALSO ON THE BUS, SEATED ON THE RIGHT SIDE ABOUT MIDDLE WAY WAS D.C.B.

76. I INTERVIEWED HIM AT THE SCENE AT AM. HE STATED. I HAD MY KNEES UP ON THE SEAT LOOKING OUT THE WINDOW. I SAW THE ROCK COMING. WE HIT THE ROCK AND IT SWUNG THE BACK END AROUND AND WE HIT THE TREE, THEN IT ROLLED TO WHERE IT IS NOW. I DID NOT SEE ANY OTHER VEHICLES.

## STATE POLICE

## INVESTIGATIVE SUMMARY

CASE# \_\_\_\_\_

MEMBER \_\_\_\_\_

CODE \_\_\_\_\_

DATE: \_\_\_\_\_

94

ALSO ON THE BUS WAS THE DAUGHTER OF THE DRIVER  
SEATED IN THE FRONT LEFT. HER NAME IS

SHE IS ABOUT 8 YEARS OLD. DUE TO HER AGE AND  
STATE OF Hysteria I HAVE NOT INTERVIEWED HER.

THERE WERE NO INJURIES EXCEPT THE VICTIM'S.  
I ESTIMATED APPROXIMATELY \$2,000.00 DAMAGE TO THE BUS.

I REQUESTED A MOTOR CARRIER TROOPER TO CHECK  
THE BUS FOR MECHANICAL FAILURE. ON AT.

HIS TRUCK WENT WITH ME TO THE  
COUNTY GARAGE WHERE THE BUS IS LOCATED AND HE  
DID AN INSPECTION. HE WAS UNABLE TO FIND ANY  
MECHANICAL PROBLEM. HIS REPORT WILL BE ATTACHED  
TO THIS REPORT AS SOON AS IT IS AVAILABLE.

THE FATALITY MESSAGE WAS SENT BY



DEPARTMENT OF HEALTH  
OFFICE OF THE CHIEF MEDICAL EXAMINER

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Autopsy NO. \_\_\_\_\_  
DATE/DAY \_\_\_\_\_  
TIME \_\_\_\_\_

REPORT OF AUTOPSY

Decedent First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Autopsy Authorized by: \_\_\_\_\_

Body identified by: Funeral Home _____	Persons Present at Autopsy: Dr. _____ Mrs. _____
---	--

Rigor: Complete XX jaw neck arms legs passed  
Livor: color purple distribution: posterior  
Age 12 Race white Sex male Length 63" Weight 120 Eyes lt. brown Pupils: R 0.5 L 0.5  
Hair long, dark brown Mustache no Beard no Body Heat cool

Clothing, Personal Effects, External Wounds, Scars, Tattoos, other identifying features:

Clothed: Black high top tennis shoes, Converse; white sweatsocks; light blue jeans (bloodstained, unbuttoned, zippered up); dark blue football jersey ("Dallas Cowboys").  
General Appearance: Young male; slender body habitus; spattered blood present on back of right arm; massive disruption of head and face; brain matter eviscerating; bloodstaining of trousers.  
Evidence of Therapy: None.  
Identifying Features: None prominent.  
Personal Effects: None.

PATHOLOGICAL DIAGNOSES

1. Blunt impact(s) to face and head, as demonstrated by: Directional abrasions and impact abrasions on front of face; multiple fractures of face; lacerations of scalp; multiple, comminuted skull fractures; evisceration of brain and excorporation of skull fragments.
2. Blunt impact(s) to chest, as demonstrated by: Contusions, both lungs; paravertebral hemorrhage, thorocolumbar spine.
3. Multiple abrasions, extremities and posterior trunk (back).

Cause of Death: Blunt head impact(s) to head due to motor vehicle collision.

Final Report XX

The facts stated herein are true and correct to the best of my knowledge and belief.

_____ Date signed	_____ Place of Autopsy	_____ Signature of Pathologist
		Asst. Chief Medical Examiner

## GROSS DESCRIPTION

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EXTERNAL FINDINGS: Skin: No rashes; no freckles. Extremities: Cutaneous abrasions present (see diagram); no needle tracks. Genitalia: Circumcised; no lesions. Head, Face, Neck: Directional abrasions present (see diagram); deep laceration, left side of face; massive destruction (see below) with evisceration of brain; full teeth in good repair; pale sclerae; clear corneae. Trunk: Directional and impact abrasions on posterior trunk (see diagram).

CRANIAL FINDINGS: Multiple calvarial and basilar skull fractures with comminution of anterior cranial fossae bilaterally; supertentorial cerebrum completely eviscerated; remaining structures (brain stem and cerebellum) demonstrate contusion and laceration.

INTERNAL FINDINGS: General: No cavity blood or effusions. Axial Skeleton: Prevertebral hemorrhage present in thoracolumbar spine; no fractures or dislocations. Oral Cavity, Neck Organs: Small amount of blood admixed with mucus in larynx and trachea; no tongue lacerations; normal thyroid gland. Aorta: Smooth intima; no injuries. Esophagus: No lesions. Stomach: Contains an estimated 20 cc. of gray mucoid liquid; no lesions. Intestines: No lesions; appendix present. Diaphragm, Pericardium: No lesions. Heart: 280 grams; normal myocardium and valves. Coronary Arteries: Widely patent. Lungs: Right 300 grams, left 200 grams; both lungs puffy, hyperexpanded; pleural abrasions and subpleural contusion present bilaterally with rare foci, hexagonal, of aspirated blood; no pulmonary emboli. Liver: 1200 grams; no lesions. Gallbladder, Adrenals, Pancreas: No lesions. Spleen: 80 grams; slightly pale. Kidneys: Right 90 grams, left 100 grams; smooth surfaces; normal architecture on cut surface. Urinary Bladder: Empty. Postmortem state: Juvenile.

Items Released: Clothing (to funeral home).

---

Commonwealth of  
Department of General Services  
**DIVISION OF FORENSIC SCIENCE**

**COPY**

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**CERTIFICATE OF ANALYSIS**

TO:

OFFICE OF THE CHIEF MEDICAL EXAMINER

For Case #:

PS Lab #:

Victim:

Suspect:

Evidence Submitted By:

Date Received:

Two (2) vials of blood

RESULTS:

BLOOD: Ethanol not detected.

A TEST:

I certify that I performed the above analysis or examination as an employee of the Division of Forensic Science and that the above is an accurate record of the results of that analysis or examination.

---

Forensic Toxicologist

COMMONWEALTH OF  
DEPARTMENT OF HEALTH  
OFFICE OF THE CHIEF MEDICAL EXAMINER

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☒ Resident  
☐ Non-resident

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEASED: \_\_\_\_\_ AGE: 12 RACE: \_\_\_\_\_ SEX: M  
First Name Middle Name Last Name

ADDRESS: \_\_\_\_\_ M W S D OCCUPATION: \_\_\_\_\_  
Number and Street (circle one)

City or County State Zip Code SSN: \_\_\_\_\_ EMPLOYER: Student

TYPE OF DEATH: (Check one only)

- ☐ Sudden in apparent good health  
☐ Unattended by physician  
☐ In prison, jail, or police custody  
☐ Suspicious  
☐ Unusual  
☒ Violent or Unnatural  
☐ Means weapon

	Last Seen Alive	Injury or Illness	Death	Medical Examiner Notified	View of Body	Police Notified	If Motor Vehicle Accident, Check One of the Following:
DATE							<input type="checkbox"/> DRIVER
TIME	<u>7:40</u>	<u>7:40</u>	<u>7:40</u>	<u>8:32</u>	<u>L<sup>30</sup></u>	<u>7:46</u>	<input checked="" type="checkbox"/> PASSENGER
							<input type="checkbox"/> PEDESTRIAN

NOTIFICATION BY Sheriff's Office OFFICIAL TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

INVESTIGATING OFFICER \_\_\_\_\_ JURISDICTION \_\_\_\_\_ PHONE NO. \_\_\_\_\_

	LOCATION	CITY OR COUNTY	TYPE OF PREMISES (E.G., HIGHWAY, ETC.)
DATE OF ONSET OF ILLNESS	<u>Street</u>		<u>Highway</u>
DEATH	<u>↓</u>		
VIEWING OF BODY BY MEDICAL EXAMINER			

DESCRIPTION OF BODY	NOSE	MOUTH	EARS	RIGOR	LIVOR	NON FATAL WOUNDS
<input checked="" type="checkbox"/> Clothed <input type="checkbox"/> Unclothed <input type="checkbox"/> Partly Clothed	Blood <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/> Jaw	Color _____	<input checked="" type="checkbox"/> Abrasion <input type="checkbox"/> Burn
Hair Color <u>Brown</u> Beard <u>Mustache</u>	Froth <input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Neck	<input type="checkbox"/> Anterior	<input checked="" type="checkbox"/> Contusion <input type="checkbox"/> Stab
Pupils: R <u>L</u> Eyes: Color <u>Brown</u>	Other (Sand, dirt, water, etc.)			<input type="checkbox"/> Arms	<input type="checkbox"/> Posterior	<input type="checkbox"/> Gunshot <input type="checkbox"/> Incised
Local Heat _____ Scars, tattoos, etc. _____				<input type="checkbox"/> Legs	<input checked="" type="checkbox"/> Lateral	<input type="checkbox"/> Laceration <input type="checkbox"/> Fracture
	WEIGHT <u>110</u> LENGTH <u>62"</u>			<input checked="" type="checkbox"/> Complete	Regional <input checked="" type="checkbox"/>	DISTRIBUTION:
						<input type="checkbox"/> Scalp <input type="checkbox"/> Chest <input type="checkbox"/> Face
						<input type="checkbox"/> Neck <input type="checkbox"/> Arms <input type="checkbox"/> Back
						<input type="checkbox"/> Abdomen <input type="checkbox"/> Legs

FATAL WOUNDS (GUNSHOT, STAB, ETC.)	size / shape	burn / powder	Location: Top of head / L, R of midline	PLANE, LINE OR DIRECTION

CAUSE OF DEATH: <u>Brain Contusion</u>	MANNER OF DEATH: (Check one only) <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Natural <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending	AUTOPSY: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No AUTHORIZED BY: _____ Pathologist _____ Autopsy No. _____
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I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with §32.1-283, Code of Virginia and that the information contained herein regarding such death is correct to the best of my knowledge and belief.

Date

City or County of Appointment

Signature of Medical Examiner

Name of Medical Examiner (Type or Print)

## MEDICAL ATTENTION AND HOSPITAL OR INSTITUTIONAL CARE:

NAME OF PHYSICIAN OR INSTITUTION	ADDRESS	DIAGNOSIS	DATE

## CIRCUMSTANCES OF DEATH:

	NAME	OFFICIAL TITLE OR RELATIONSHIP TO DECEDENT	ADDRESS
FOUND DEAD BY		Mother	
LAST SEEN ALIVE BY		Mother	Same
WITNESSES TO ILLNESS OR ILLNESS AND DEATH		Mother	Same
			Same

## NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

riding in rear seat on Lt hand side  
 Bus Struck tree edge on Rt hand side, threw Bus to left hand side  
 Bus & head ~~struck~~ <sup>dropped</sup> tree

Toxicology sent:

Yes ☐ No ☐Food ☐rine ☐Other ☐

DECEDENT \_\_\_\_\_

3 Copies

**COMMONWEALTH OF  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS -  
CERTIFICATE OF DEATH**

REGISTRATION AREA NUMBER		CERTIFICATE NUMBER		MEDICAL EXAMINER'S CERTIFICATE		STATE FILE NUMBER	
1. FULL NAME OF DECEDENT (first) (middle) (last)						2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>	
3. DATE OF DEATH (mo.) (day) (year)		4. AGE (years) (months) (days)		5. DATE OF BIRTH (mo.) (day) (year)		6. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
1994		12 years		1981			
7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)						8. COUNTY OF DEATH (if independent city, leave blank)	
NONE						DOA <input type="checkbox"/> Out Pat. Emer. Rm. <input type="checkbox"/> Inpatient <input type="checkbox"/>	
9. CITY OR TOWN OF DEATH						10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH	
inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>							
11. STATE (OR TERRITORY OR COUNTRY) OF DECEDENT'S RESIDENCE						12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)	
13. CITY OR TOWN OF RESIDENCE						14. STREET ADDRESS OR RT. NO. OF RESIDENCE	
inside city or town limits? yes <input checked="" type="checkbox"/> no <input type="checkbox"/>						ZIP CODE	
15. NAME OF DECEDENT'S FATHER						16. MAIDEN NAME OF DECEDENT'S MOTHER	
17. RACE OF DECEDENT		18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc.		19. EDUCATION (Specify only highest grade completed)			
CAUCASIAN		XX no <input type="checkbox"/> yes <input type="checkbox"/>		Elementary/Secondary (0-12) 6 College (14 or 5+)			
20. CITIZEN OF WHAT COUNTRY		21. BIRTHPLACE (state or country)		22. NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)	
U.S.A.				MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>			
24. SOCIAL SECURITY NUMBER		25. USUAL OR LAST OCCUPATION		26. KIND OF BUSINESS OR INDUSTRY		27. INFORMANT - OR SOURCE OF INFORMATION	
		STUDENT		PUBLIC SCHOOLS		FAMILY	
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <u>Brain Injury</u> DUE TO (OR AS A CONSEQUENCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) <u>Motor Vehicle Accident</u> DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I. (C) <u>None</u>							
28a. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>						28b. AUTOPSY? AUTHORIZED BY: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	
28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH						28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
28e. TIME OF INJURY (mo.) (day) (year) A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>						28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	
28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)						28h. (city or town) (county) (state)	
Road						County	
29. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted at or about (AM) (PM) from:							
NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>							
ACTUAL SIGNATURE						DATE SIGNED	
NAME OF MEDICAL EXAMINER (Type or Print)						ADDRESS OF MEDICAL EXAMINER	
29. INITIAL		30. PLACE OF BURIAL, CREMATION, ETC.		31. (City or town) (county) (state)			
XX <input type="checkbox"/>		FAMILY CEMETERY		NAME OF FUNERAL HOME AND ADDRESS:			
32. (signature of registrar)						DATE RECORD FILED:	
RESERVED FOR REGISTRAR'S USE							